

FROM FRINGES TO FOCUS

| A DEEP DIVE INTO THE LIVED-REALITIES OF LESBIAN,
BISEXUAL AND QUEER WOMEN AND TRANS
MASCULINE PERSONS IN 8 CARIBBEAN COUNTRIES |

Barbados

Belize

Guyana

Haiti

Jamaica

Saint Lucia

Suriname

Trinidad and Tobago

October 2020

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A coalition of Caribbean organizations across 8 countries comprised of Barbados – SHE, Sexuality Health Empowerment, Belize - PETAL, Promoting Empowerment through awareness for Les/bi women, Guyana – GUYBOW, Guyana Rainbow Foundation, Haiti – FACSDIS, Femme en Action Contre la Stigmatisation et la Discrimination Sexuelle, OTRAH, Organisation Trans d’Haiti, Jamaica - WE-Change, Women’s Empowerment for Change, Saint Lucia - United and Strong, Suriname – WSW, Women’s Way Foundation and Trinidad and Tobago - I am One undertook this participatory research for lesbian, bisexual and queer women as well as trans masculine persons. This community-led research project was carried out with the technical support of Kennedy Carrillo Consultancy and Liesl Theron with the involvement of the Eastern Caribbean Alliance.

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This report is part of a series of nine reports

The Haitian report is translated to Creole and French

The Suriname report is translated to Dutch

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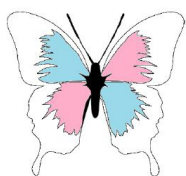
FROM FRINGES TO FOCUS

A DEEP DIVE INTO THE LIVED-REALITIES OF LESBIAN,
BISEXUAL AND QUEER WOMEN AND TRANS
MASCULINE PERSONS IN 8 CARIBBEAN COUNTRIES

Barbados, Belize, Guyana, Haiti, Jamaica,
Saint Lucia, Suriname, Trinidad and Tobago



COC NETHERLANDS



OTRAH
ORGANISATION
TRANS D'HAITI



Sexuality Health Empowerment



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FOREWORD

ECADE as an umbrella network with its individual national organizations in the Eastern Caribbean region requires the most up-to-date and verifiable data on the challenges and lived realities of our own communities to address limitations on access to health, justice and all other basic human rights. This approach is further mediated by our principle of “Do no Harm”, which ultimately ensures the livelihood and improved conditions for the LBQ and Trans masculine persons within the region.

After many years of advocacy with various organizations working on similar issues as ECADE, it is a realized fact that there is a paucity of research on the situation related to lesbian, bisexual and queer women and trans masculine persons in the Caribbean. The realization of this baseline study is a significant moment for ECADE, which has for a long time advocated for informed knowledge that will give us an understanding into the situation for these groups in the relevant Caribbean countries in this study which are: Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. This deeper understanding will give us the opportunity to reflect and improve organizational programs already developed. With this clear baseline we can re-purpose, plan and create a way forward in our activism and advocacy, collectively and within individual organizations. Times and context have changed rapidly in the past year and this survey, undertaken within this most pivotal and changing circumstance, will allow us to develop and implement more effective strategies to evaluate and align previous advocacy plans to adjust to the changing environment. Most significantly, this survey was carried out, at grassroots level, for our community, by our community and with our community. This is very important to us. I quote Robinson here, borrowed from the Trinidad and

Tobago Report produced as part of this study:

“[t]raditionally, the Caribbean has been narrated from the perspectives of the colonial masters, and by extension the Global North...[...]... Instead, we are developing our own “post-colonial project of statehood about expanding citizenship, inclusion, non-discrimination, equality, and who is being left out of that need to fit it...”

This research was in its entirety perceived, designed, developed, understood, analyzed and written by community participants from the 8 countries that not only enriched us with the data and information collected, but also generated the opportunity for country partners to share knowledge. It was truly a beneficial learning experience for everyone and as a result we have updated in-depth knowledge about the LBQ and Trans masculine communities. The facts, factors and reality gathered in this research will assist our advocacy efforts, especially to raise awareness, sensitization and education of the society in general, journalists and in meetings with politicians and relevant State actors. This information will also be very relevant to legal challenges which were launched to repeal the remnants of draconian laws of our colonial past in five countries including Barbados and Saint Lucia.”

Kenita M. Placide
Co-Founder/Executive Director
Eastern Caribbean Alliance Diversity and Equality (ECADE)

ACKNOWLEDGMENTS

COC Netherlands and the coalition of 8 Caribbean country partners are proud to present this study entitled: "From Fringes to Focus – A deep dive into the lived-realities of lesbian, bi and queer women and persons of trans masculine experiences in the Caribbean. This report, product of a participatory, community-based approach to research, provides the necessary evidence to mount a forceful response to the needs of this community in the region.

This report would not have been possible without the participation of the 8 countries namely, Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. The work of visualizing, planning and implementing this research was the result of the commitment of the following organizations: Sexuality Health Empowerment (SHE), Barbados; Promoting Empowerment through awareness for Les/bi women (PETAL) Belize; Guyana Rainbow Foundation (GUYBOW); Femme en Action Contre la Stigmatisation et la Discrimination Sexuelle (FACSDIS), Organisation Trans d’Haiti

(OTRAH), Women’s Empowerment for Change (WE Change) Jamaica; United and Strong, Saint Lucia; Women’s Way Foundation (WSW) Suriname and I am One, Trinidad and Tobago. In particular, special thanks to all the members of the Writing Task Force. Without your dedication, this report would not have been possible.

Special gratitude is also extended to our regional partner Eastern Caribbean Alliance (ECADE) for its endorsement of this report as it highlights a clear path for the organizations addressing the needs of the LBQ TM in the Caribbean. We also extend our gratitude to Marie Ricardo, former Regional Coordinator, and Andrea Tauta present COC Netherlands, Caribbean Regional Coordinator. Last but not least, we express our gratitude to consultants Liesl Theron and Kennedy Carrillo for providing the technical guidance to the organizations for the completion of this research. We also extend this gratitude to Evelio Cocom for providing the IT support for this project.



EXECUTIVE SUMMARY

Adhering to the principles of participation, community empowerment and movement sustainability, “From Fringes to Focus”, seeks to present the lived-experiences of lesbian, bi and queer women and persons of trans masculine experiences in 8 Caribbean countries – Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. By taking a deep dive into key themes such as: Sexual Orientation and Sexual Identity, Health (both physical and mental), Violence, Human rights violations, Legislation and Socioeconomic realities, this report identifies key challenges facing LBQ TM persons and opportunities for empowerment and support.

Using a community-based approach this research was participatory in nature. From the onset, the COC Netherlands partners took the lead in visualizing, planning and implementing this project. This included capacity-building and a hands-on approach in the tool development, data collection, analysis and report writing. The 8 country coalition partners were guided in this process by two consultants who facilitated 3 knowledge sharing sessions during the process of 18 months. The data collection included a quantitative survey which was applied using a Respondent Driven sampling or Time location strategies to reach the target of 1050 respondents. The survey, which was disseminated across the 8 countries, was able to reach 1018 LBQ TM persons and there were several challenges documented as those posed by the COVID pandemic which limited the capacity of the interviewers to mobilize and meet with the respondents. In addition, political and civil unrest in countries such as Haiti and Guyana also affected data collection.

Notwithstanding the challenges, the study was completed successfully as all objectives were met. The findings of the study provide substantial evidence on the situation of the LBQ

By taking a deep dive into key themes such as: Sexual Orientation and Sexual Identity, Health (both physical and mental), Violence, Human rights violations, Legislation and Socioeconomic realities, this report identifies key challenges facing LBQ TM persons and opportunities for empowerment and support.

TM community and the priority needs of the population in these 8 countries, and Barbados specifically. The report shows that: 1.) In Barbados the majority of respondents did not have major economic challenges. However, there were some disparities. There were 62% who indicated that they could cover their basic needs usually (41%) and always (21%) and 38% who could only cover their expenses "sometimes" (34%) and 4% that could never cover their basic needs. There were 86% of the respondents who indicated that they have full-time employment (50%) and part-time employment (36%). Among the respondents there were 14% indicated that they are unemployed. The unemployment rate in 2019 for Barbados reported by the International Labour Organization was 9%, thus the unemployment rate of the LBQTM community in this study is 5% higher than the national rate. 2.) In Barbados the majority of respondents (71%) have completed tertiary level education while 28% indicated that they had completed secondary level of education. There were only 1% that had only completed primary level education or "other" form of education. 3.) In regard to emotional and sexual attraction, the majority of the respondents are attracted to cis-gender women (94% emotional and 96% sexual). This is interesting as not all the LBQ women and TM persons who participated in this survey were attracted to cis gender women. There were 51% who are emotionally attracted to men and 58% who are sexually attracted to men. The sexual attracted to trans men (28%) and trans women (26%) was very representative of the percentage of percentage of persons (24%) that participated in the study who identify as pansexual. A total of 48% had had sex with a cis gender man in the past 12 months and 9% of these were persons that identify as lesbian. 4.) The majority of the respondents who accessed services in the last 12 months accessed services at private health centers for regular checkups 11% and 47% when they are feeling sick. This also indicated that most respondents only accessed health care

services when they were feeling sick and not as a regular practice when they were not sick. In most instances they accessed services at private health facilities except in the case of emergencies (19%) while they access private services 15% of the time for emergencies. Thus, if they have a choice, the majority of respondents prefer to access services at a private clinic. Access to community-based services was significantly low which is interesting as generally it is assumed that members of the LGBTIQ community prefer to access community-based services. 5.) When asked about the barriers they experience when accessing health services 75% of the LBQ women and trans masculine persons that participated in this study indicated that they had never received poorer services due to their SOGIE. However, there were 25% who indicated that they received poor services while 5% indicated that they had been called insulting names by the health care staff. There were 5% who indicated that they had been denied services at some level due to their SOGIE. Even though some of the respondents indicated that they had postponed or avoided seeking health care when they were sick or injured because they could not afford it, there were 13% who indicated that they had postponed because of disrespect or discrimination due to their SOGIE. 6.) There were only 23% that had accessed services for mammograms and 61% for papsmeas. There were 36% that had gone for a PCO or endometriosis test of which 27% reported anomalies when they accessed their PCO or endometriosis test. There were at least 36% who indicated that they have severe menstrual cramps, and of these, 34% use birth control pills to manage these period cramps and 54% who use other methods. 7.) In regard to alcohol and drug consumption among the LBQTM community in Barbados, this study found that 93% consume alcohol and 51% consume drugs. The consumption of both alcohol and drugs varies as the 28% consume alcohol weekly while 16% consume drugs weekly. The type of drugs could not be determined from the data.



Alcohol and drug use among the LBQ TM persons are high. There were 18% who indicated that they are heavily under the influence of drugs daily while 16% are weekly. 8) There were 87% of the respondents who indicated that they had not disclosed their sexual orientation or gender identity to a law enforcement agency or human rights group when they experienced stigma and discrimination. Even though 87% did not disclose, 91% said that these agencies had not been reluctant to take on their cases. This in itself is contradictory and calls for further exploration. While reluctance to report cases might leave a person with unresolved issues, anxiety or eventual depression, not feeling comfortable to disclose ones SOGIE when seeking assistance is indicative of a fear of homophobia or the result of internalized homophobia. This means that they may not necessarily experience discrimination, but they are afraid that they will. The fear is within them and not necessarily because the authorities discriminate against them. There were 68% who indicated that they are aware of the laws and policies that criminalize LBQT persons and there were 21% who indicated that they had postponed or failed to challenge abuse or violence as a result of their knowledge of these laws and policies. 9.) There were 29% of the respondents who indicated that a healthcare provider had told them they have clinical anxiety while 20% had been told by a healthcare provider that they have clinical depression. There were only 49% of these that have been treated for their psychological condition. There were 76% who indicated that they have thought about committing suicide while 40% who had attempted at some point of their life. The social support available was significantly low as only 32% indicated that they had someone that they live with that they could talk to when they had problems. 10.) There were 30% of respondents who had been physically assaulted by a partner of the same sex and 44% by an intimate partner of the opposite sex. There were 45% who had been physically assaulted by

someone they knew and 23% by a stranger. There were 40% of the victims/survivors that indicated that the physical or sexual assault happened because of their SOGIE. 88% indicated that they did not access medical care while 83% did not report the incident to the police.

Based on the findings and conclusions drawn, the following recommendations are presented:

1. Projects and programs organized by LGBTQTI+ organizations must give attention to the economic challenges experienced by LBQ women and trans masculine persons. The LGBTQI+ organizations in Barbados can give more attention to economic empowerment through income generating projects, building employability and encouraging entrepreneurship on local and national levels for those that need it.
2. To conduct an assessment specifically focused on the socio-economic situation of the community and explore why the situation is very favorable compared to other countries in the region. In particular, it is important to investigate how the level of education affects employability. Are persons who are not employed or employed part-time affected because of the SOGIE, their educational qualifications or both?
3. Programs especially those focusing on sexual and reproductive health should highlight diversity, utilizing appropriate information, education, and communication (IEC) accessible materials. These need to ensure that assumptions are not made about behaviors because of specific labels but rather addressing the continuum of sexual behaviors with all sexes as well as with transgender persons and gender non-conforming persons.
4. It is important that health care providers at private settings be sensitized and trained

by LGBTQI+ organizations on providing specialized health care to LBQ TM persons. This training should also be included as part of their curriculum and ongoing professional development. Making these facilities LBQ TM friendly is especially important because LBQ TM persons may have difficulties speaking about their gender identity, sexual orientation or sexual behavior and may not be disclosing when accessing health services.

5. It is important that health care facilities and other service providers should have in place non-discrimination policies that protect the rights and well-being of LGBTQI persons. There is the need for complaints mechanisms as well as opportunities for redress in the case of any form of discrimination or violation of rights of persons based on their sexual orientation and gender identity.
6. Further exploration of the factors that contribute to a lack of access to sexual health services needs to be conducted. Organizations should be navigators that provide information, counseling, accompaniment, and referrals for LBQ TM persons that may be reluctant to access sexual health services on their own.
7. There is a need for greater focus on the issue of alcohol and drug abuse. It is important to link abuse of alcohol and drugs with gender-based violence within relationships as well the health and mental health consequences of alcohol and drug use. In addition, it is important to explore further how alcohol and drug abuse serve as a form of escape from the daily emotional pressures experienced by the community. It is essential that professional services are made available to persons that are struggling with drug and/or alcohol

addiction and would like to rehabilitate.

8. It is important to further explore the level of depression and anxiety among LBQ TM persons to determine causes, consequences and the type of support that is needed. LGBTQI inclusive mental health programs should be an important part of every organization. Advocacy and programs focused on breaking mental health stigma about mental health are to be implemented. Attention should be given to the topic of suicide conducting assessments among members of the community to identify risk factors and prevalence.
9. Organizations need to continue awareness and education among their community members to increase capacity and knowledge fending for their rights, in cases such as harassment at work, school and other public domains. Organizations need to increase education on human rights, legislation, and avenues for redress to sensitize the community, policymakers and implementers. Form and maintain relationships between LGBTQI organizations and legal aid/lawyers and the police for service provision.
10. There is a clear need to address gender-based violence within intimate relationships as well as in instances where the perpetrator is a well-known acquaintance of the victim. It is important to also link the issue of sexual and physical assault with reparative practices which seek to change the sexual orientation of a person through violence or as a form of punishment for their "choices".



INTRODUCTION

BACKGROUND – THE SITUATION OF LBQ AND TRANS MASCULINE PERSONS IN THE CARIBBEAN

The Caribbean region spans across a wide geographic scope of countries in the Caribbean Sea including Belize in Central America and Guyana and Suriname in South America. The Caribbean heritage in culture, language, religion, political and legal systems is diverse and rich. It is the home of native indigenous populations and descendants from Africa, Asia, and Europe. All eight participating countries in this research are member states of the Caribbean Community (CARICOM). These countries are Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago.

The cultural and sociopolitical of the region points to a variety of contextual backgrounds delivering an assortment of implications on SOGIE (Sexual Orientation, Gender Identity, and Expression). A case in point to demonstrate this diversity can be seen in how the colonial history of three countries in our study - Haiti, Suriname, and Belize - has shaped differently their efforts to obtain legal same-sex recognition. In Haiti, for example, several regressive bills have been introduced in the Senate, and the society is growing increasingly intolerant and violent towards LGBT people even though Haiti has no laws criminalizing same-sex sexual acts. When Haiti became independent from France in 1804, there were no such laws, and neither was any introduced into the Penal Code. France repealed its sodomy laws in 1791 (*Mendos, 2019*). Sodomy was repealed in the Netherlands in 1811, and therefore, when Suriname became fully independent in 1975, no sodomy law was in force and no such law has been reintroduced since then (*Mendos, 2019*). Most recently in 2020 the new Penal Code has been introduced which includes non-discrimination based on sexual orientation. This resulted in

massive attacks on the LGBTIQ community in Haiti. Another example is Belize where the LGBT community gained victory in 2016, when the country's antiquated sodomy law was declared unconstitutional by the Belize Supreme Court. The Roman Catholic Church of Belize filed an appeal but the final ruling on 30 December 2019 upheld the decision of the Supreme Court in 2016 (*Human Dignity Trust, 2016*). The impact of this case was far-reaching, beyond Belize as it catalyzed momentum in the Caribbean region setting a precedent that can be followed to strike down discriminatory laws and criminal codes inherited from colonial times (*Arcus, 2018*).

Besides Belize, other recent progressive developments have been made in the Caribbean in favor of LGBT legal and social advances in the region. The High Court of Trinidad and Tobago followed a similar case as the Caleb Orozco vs. the Attorney General's Office from Belize and concluded in 2018 with the case of Jason Jones vs. the Attorney General of Trinidad and Tobago that the buggery law of Trinidad and Tobago breached Constitutional rights to equality, privacy, and freedom of thought and expression (*Gray, 2018*). Another landmark ruling was accomplished in November 2018 when appellants from Guyana with 4 trans women at the center of the case, received the outcome of their case from the Caribbean Court of Justice (CCJ), the Highest Court in the Caribbean. The four were arrested in 2009 for crossdressing and the outcome of this ruling overturned the law which makes it a criminal offense to appear in a public place while dressed in clothing of a different gender for "an improper purpose", as it violates the Constitution of Guyana. This cross-dressing law is now void in Guyana.

Barbados has anti-homosexuality laws dating back to the time of colonization and calls to decriminalize are continuously opposed by religious groups. Although the laws are seldom implemented, as in many parts of the world,

its existence contributes to stigmatization, discrimination, intolerance and often times hate crimes (*Rambarran and Grenfell, 2016*) as with the case of the attack of a trans woman, Alexa Hoffmann in 2018, who is also the lead claimant in the first-ever legal challenge to the country's anti-sodomy law (*Canadian HIV/AIDS Legal Network, 2018*). Alexa Hoffmann has also taken legal action against her employer because she was fired from a law firm simply for legally changing her name (*Barbados Today, 2020*).

In the region Saint Lucia has one of the longest-standing records of an openly LGBT organization in the region, with United and Strong being in operation for 18 years. This, however, does not automatically result in a positive political and social climate for the LGBT community. The country's antiquated Buggery Laws are still standing, and they remain an on-going advocacy focus for civil society. In Saint Lucia the LGBT community's fate is at stake with parliamentarians utilizing public debate that impacts the community (*Mendos, 2019*), by the Ministry of Tourism, pitching same-sex tourism income (*TeleSUR, 2015*) in the Buggery Law discourse and the Ministry of External Affairs allowing the hosting of the World Congress of Families, a religious, heteronormative platform that is openly against homosexuality (*The Voice, 2017*).

An important indicator of the progress of the LGBT movement in the region is the public and open celebration of PRIDE. While Barbados, Guyana, Trinidad, and Tobago celebrated their first PRIDE events in 2018 (*Arcus 2018*), Jamaica had its first Pride event in 2015, organized by J-FLAG (*Davis, 2015*). Suriname has celebrated "Coming Out" week since 2011 and as of 2017 the entire month of October is declared Pride month (*LGBT Platform, 2017*). Belize started to celebrate PRIDE in August 2016 simultaneously with the celebration of the victory over Section 53 which no longer criminalize homosexuality (*Human Dignity*



Trust, 2020). Saint Lucia celebrated its first Pride events in August 2019, despite the objection of several religious denominations (*Aimee, 2019*). In 2020 Pride events were impacted by the global COVID-19 pandemic.

BARBADOS CONTEXT - THE SITUATION OF LBQ AND TM PERSONS IN THE COUNTRY

In Barbados, a common argument in opposition to the LGBTQ movement is that it is a Western import and being LGBT is “un-Barbadian”. Ironically, anti-LGBTQ activists use Christianity, an imported, colonial religion, to bolster their claims. This is erroneous for a few reasons. The first being that prior to colonization, the Taino and Kalinago indigenous people were the inhabitants of our land before their genocide at the hands of Europeans in the 16th century. Indigenous cultures have historically recognized the sanctity of gender and sexual diversity (*Mann, 2017*). Additionally, many enslaved African people in the Caribbean were ripped from societies which didn’t adhere to the confines of a gender binary and even normalized same-sex intimacy (*Alimi, 2015*). During the British occupation of Barbados, single male settlers immigrated to Barbados from Europe, en masse and same-sex intimacy was commonly practiced (*Mann, 2017*). The British then imposed laws criminalizing same sex intimacy due to panic over this “immoral” behavior. Britain repealed these laws from their own legislation in 1967, but they remain entrenched in constitutions across the Caribbean (*Staples, 2018*).

Today, Barbados has the harshest laws in the Western Hemisphere for same sex intimacy, life imprisonment. This law is often only interrogated in the context of cisgender, heterosexual men and LBQT people are invisible from the conversation of the criminalization of queer people in Barbados. Our “Serious Indecency” law holds a penalty of

fifteen years imprisonment and while extremely vague, can be interpreted to criminalize intimacy between women (*Constitution of Barbados, 2002*).

Despite the criminalization of LGBTQ behavior, queer and trans people lived quite openly in Barbados and celebrated their identities with support from the general public. In the 1960s and 1970s, gay men and trans women hosted pageants in the national stadium, which were attended by LGBTQ and cis-heterosexual people, alike. They also openly owned businesses and fostered community (*Murray, 2009*). LBQ women and Trans men are notably absent from these documented instances visibility. Attitudes towards queer and trans people took a sharp turn in the 1980s due to the rise of homophobia that accompanied the HIV/AIDS epidemic.

In addition to navigating the aforementioned context, lesbian, bisexual, queer women, as well as trans masculine (LBQT) people have identities which lay at the intersection of homophobia, misogyny and in the case of trans masculine people, transphobia. LBQT people who experience the most lesbophobia and transphobia are those who overtly challenge cisnormative standards (i.e. people who are gender non-conforming) and those of lower socioeconomic standing (these people are usually black and have limited access to resources). Because HIV/AIDS affected cisgender homosexual men so prominently, LGBTQ activism in Barbados was focused on the epidemic. This activism centered cisgender homosexual men and contributed to the invisibilization of LBQT people and the diversity of their multidimensional identities (*UGLAAB, n.d.*).

Until 2012, United Gays and Lesbians Against AIDS Barbados (UGLAAB) was the only LGBTQ organization in Barbados. In 2012, Barbados - Gays, Lesbians and All-Sexuals against Discrimination (BGLAD) was founded and was the first and at the time, only woman-led LGBTQ

organization in Barbados (*B-GLAD, Dottin, 2013*). Queer women and trans men are extremely underrepresented and completely invisible in advocacy surrounding HIV/AIDS. In Barbados, women make up about half of the population of people living with HIV, (UNAIDS, n.d) however all of these women are presumed to be heterosexual. Transgender men are also not included in HIV data, research or education. Trans men are also presumably grouped with women in HIV data.

After a queer young woman was badly burned with acid by her female partner in Barbados in 2014, a prominent politician came out to forthrightly express that they will never support gender neutral domestic violence legislation being adjusted because of his Christian faith (*Nation News, 2014*). In July of 2018, a local calypsonian released a song titled "Sex Change" which was a transphobic anthem denouncing transgender people (*Loop News, 2018*). When the song was performed at a live event, a lesbian expressed disdain from the crowd. The event's emcee then alluded to the woman needing to be "correctively" raped and she was then brought on stage and humiliated (*Power, 2018*).

Data and statistics to support evidence of discrimination against LBQ women and Trans men in Barbados is very low. This contributes to the further erasure of this community by feeding the myth that discrimination against them does not exist. There is a massive lack of visibility of trans men in Barbados and they are visibly absent in the leadership and membership of the many LGBTQ organizations which exist in Barbados. However, LBQ women have been very visible in leading advocacy and LGBTQ movement building in Barbados in recent time.

In 2017, the Christian organizations Hannah's Ministry and Youth for Christ Barbados staged a protest and rally in Barbados' capital, Bridgetown, over "concern of the decline of morals and values in Barbados". The thematic focus of this

rally was the reclamation of the rainbow from the LGBT community (*Tre Greaves, 2017*). A group of queer women protested the rally to hold them accountable for promoting intolerance (*Mohammed, 2018*). From this, Sexuality, Health and Empowerment (SHE) Barbados, was created as Barbados' first and only platform dedicated to advocacy and research for LBQT women (and transgender people) in Barbados (*Ellis, 2020*). In 2018, queer women and non-binary activists protested a lecture by Ralph Gonzalves, the Prime Minister of St. Vincent and the Grenadines at the University of the West Indies, Cave Hill. This was in response to his abuse of power to subjugate and oppress women (*Smith, 2018*). Barbados' first LGBTQ Pride Parade was also coordinated by a queer woman in 2018 (*Abbott, 2018*) and continued in 2019 (*King, 2019*).

In terms of access to services that are specific to LBQ women and trans men, discrimination and ignorance on the part of public healthcare workers, as well as, lack of education (*Rambarran & Grenfell, 2016*) for these communities on the importance of accessing healthcare may act as deterrents to accessing critical healthcare services. This can also be combined with lack of resources to access private healthcare where they may feel more comfortable. Equals Barbados is a community-based LGBTQ organization which provides free access to services such as STI and HIV screening, general physician services, mental health services and gender affirming care. There needs to be further access of these services by LBQ women and trans men, as the predominant group of people who accesses these services is cisgender homosexual men.

Overall, there is a need for fostering community for LBQ women and Trans men in Barbados. Lack of visibility and access to statistics prevents organizers from mobilizing to meet specific needs of these communities. There is a space for public education, as well as education of LBQ women



and Trans men themselves; particularly on their human rights and SRHR issues. While LBQ women occupy leadership positions in LGBTQ activism in Barbados, LBQT issues are extremely under resourced; particularly in comparison to resources allocated to cisgender, gay men (and at times, other “key populations” who are vulnerable to HIV transmission). There is also a strong need to foster transmasculine visibility, representation, and leadership in LGBTQ spaces. LBQ women and trans men require access to flexible and sustainable resources and models of organizing to continue fortifying the movement and address the systemic and institutional inequalities that they face.

COC NETHERLANDS AND ITS CARIBBEAN PARTNERS

COC is a key advocate for the LGBT movement of the Netherlands and the oldest existing LGBT organization in the world. As a community base organization, COC works actively to empower the Dutch LGBTI movement by doing outreach to communities (for example LGBT students in high school in the Netherlands) and lobbying and advocacy on SOGIESC issues with the Dutch national government and municipalities for greater acceptance. Since 1985, COC has also been supporting LGBT groups and organizations outside the Netherlands. This support includes funding, capacity development, technical support, exchanges, movement building, proposal writing, and linking and learning. One of the core principles of COC is its ‘inside-out’ approach. This means that COC ensures that their programs and interventions correspond to the priorities and needs set by the communities itself, making their international programs participatory, intersectional and community owned. COC role is to serve as a facilitator, a supporter, and a friend to the LBQ organizations in the Caribbean.

Since 2016 COC Netherlands has been implementing its Partnership for Rights, Inclusivity, Diversity and Equality (PRIDE) Program which is supported by the Netherlands Ministry of Foreign Affairs. The focus of the program is to empower LGBT people, organizations and movements. PRIDE program support this by lobbying and advocacy on SOGIESC issues, community and organizational development, movement building and strengthening of community base organizations.

Within COC’s PRIDE Caribbean program, they have 3 focus countries: Belize, Haiti and Guyana and an overall regional approach. In 2016 a regional context analysis was carried out on the situation of LGBT people in the Caribbean. Based on the findings, COC recognized the urgent need to collect data to support the LBQ TM movement in the Caribbean. Later on, in 2017 at the first PRIDE Caribbean Regional Meeting held in Belize, COC partner organizations agreed on the need for a community-based research on the situation of LBQ women and later included, Trans masculine persons.

A coalition of Caribbean organizations across 8 countries comprised of Barbados – SHE, Sexuality Health Empowerment, Belize - PETAL, Promoting Empowerment through awareness for Les/bi women, Guyana – GUYBOW, Guyana Rainbow Foundation, Haiti – FACSDIS, Femme en Action Contre la Stigmatisation et la Discrimination Sexuelle, OTRAH, Organisation Trans d’Haiti, Jamaica - WE-Change, Women’s Empowerment for Change, Saint Lucia - United and Strong, Suriname – WSW, Women’s Way Foundation and Trinidad and Tobago - I am One undertook this participatory research for lesbian, bisexual and queer women as well as trans masculine persons. This community-led research project was carried out with the technical support of Kennedy Carrillo Consultancy and Liesl Theron with the involvement of the Eastern Caribbean Alliance.

SHE BARBADOS

Sexuality Health and Empowerment group (SHE Barbados), is a community-building platform which focuses on the inter-sectional marginalization of lesbian, bisexual, queer women and transgender people in Barbados. The organization was formed in 2018 after a counter-protest by a local evangelical group, attempting to reclaim the rainbow symbol used to represent LGBT people.

Mission Statement

SHE - Sexuality, Health & Empowerment is a feminist community-based group dedicated to advocacy for Lesbian, Bisexual, Queer women and Trans (LBQT) people in Barbados. These populations face particular persecution and discrimination on the basis of their sexual orientation, gender identity and/or expression (SOGIE), in addition to gendered oppression, yet remain underrepresented in advocacy and resource allocation. In its intersectional movement building, SHE aims to address these specific issues through visibility, the facilitation of safe spaces, education, research and fostering LBQT representation in advocacy.

Vision

An equitable Barbados where LBQT people in their multidimensional realities feel seen, heard, represented and as if their safety, well being and existences matter.

Objectives

- Promote increased visibility of LBQT marginalisation within feminist and LGBTQI advocacy in Barbados
- Facilitating visibility of the particular intersectional marginalisation that LBQT people face
- Foster community building among LBQT

populations in Barbados

- Facilitate education focused on the sexual and reproductive health and rights of LBQT people
- Promote increased dialogue and awareness of the needs of LBQT people in healthcare
- Collect data and evidence on the experiences and priorities of LBQT people within Barbados
- Promoting equitable of access to public services for LBQT people

Strategies

- Campaigning through digital and traditional media
- Facilitation of safe spaces for LBQT populations
- Collaboration with intersecting interest groups and civil society organisations
- Active participation in projects, forums and spaces in which LBQT people are underrepresented
- Conducting research and collecting data on the experiences of LBQT people
- Conducting needs assessments of LBQT populations in Barbados
- Fostering dialogue with stakeholders and public service providers on the particular marginalisation of LBQT people
- Facilitation of forums for LBQT people on navigating issues which affect them most (accessing resources, healthcare, SRHR, employment, homelessness, violence)



THE RESEARCH

THE RATIONALE

In the Caribbean, there is limited substantial data that documents the experiences of lesbian, bi-women and persons of trans masculine experiences (*Parks, 2016*). Historically and culturally the patriarchal patterns of the Caribbean heteronormative society leave women, regardless of their sexual orientation and gender identity/expression, vulnerable to all forms of social ills ranging from violence, harassment, abuse, poverty, oppression, neglect to limited access to quality health and social essential services. Sexual orientation and gender identity are not health hazards per se, but the social exclusion of LGBTI people leads to significant health disparities (*Müller, 2015*). This study seeks to document the situation of lesbian, bi, and queer women including persons of trans masculine experiences within the context of a culture that oppresses women and discriminates against persons of diverse sexual orientations and gender identities/expressions. The rationale for this study is the need for evidence that justifies greater attention and investment in addressing the situation of these marginalized populations in the Caribbean region.

RESEARCH DESIGN

To overall purpose of this research to collect data on the situation of lesbian, bi and queer women and persons of trans masculine experiences to provide substantial evidence of the need for greater attention and investment to address the needs of this population in the region. The 3 main objectives are to:

- develop more effective and efficient models of activism that are targeted and avoid duplication of efforts
- To generate knowledge that will guide national, regional and international advocacy

- To strength the design and implementation of interventions/activities.

The approach to this study is community-based and participatory research based on a combination of a qualitative and quantitative methodology.

PARTICIPATORY APPROACH

The community based participatory research approach that was agreed upon by the coalition of 8 countries allows for an enrichment of the data to be understood not only by the academics but the community itself (Israel et al., 1998). Community-based participatory research (CBPR) which gained credibility in its success as a research methodology within marginalized communities forms a partnership between the grassroots activists as co-researchers along with their academic counterparts and therefore presents the opportunity to transform formal structures to include community voices (Wallerstein & Duran 2010). The participatory approach adopted for this study presented an opportunity to share research experience, knowledge, and responsibility. Thus, the power distribution in this research approach was shifted and although training had to take place in certain research methodologies, the emphasis was on both the activist participants and the academic persons to hold various types of knowledge and, therefore, not prioritizing one set of skills above another (Müller et al., 2019, Northridge et al., 2007, Israel et. al.,1998).

Meaningful participation from the onset of the CBPR project ensured that the community's input and voice carried the same leverage as that of the academic counterparts and minimized understandable mistrust within the research process. The LBQ and Trans masculine organizations in the participating countries were the best situated to co-create all phases of the research. This process eliminated

misunderstandings in the manner lesbian, bisexual, queer, and trans masculine persons are portrayed in the respective countries and most importantly fostered ownership and sustainability.

With the emphasis on the participatory approach, the country partners were involved in all decision making, from drafting the outline for external support, protocol development, selection of the consultants, the research instrument finalization, criteria for data collectors, approach for human story collections, analyzing of data as well as report writing. To ensure full participation and preparedness of all participants the research project had several workshops (in-person and online) built-in throughout the various stages of the research development (amfAR, 2015). Each participating organization from the 8 countries selected two research participants according to their own needs and criteria. This resulted in a vibrant group of 16 country partners, who came with various skills and levels of research experience.

KNOWLEDGE SHARING

An approach of knowledge sharing instead of an approach of "teaching or training" was also adapted. Consultants facilitated the process, but the knowledge was shared horizontally. Some of the country research participants were not familiar with all aspects of research design, however, in most cases, they were familiar with some research undertaken in their country. They were experienced with carrying out research from fieldwork and data collection but not necessarily from the research design part before that moment, nor what happens with strategic use of the research findings for programming and advocacy. Our research had both components, qualitative and quantitative, and therefore provided an opportunity for increased knowledge sharing. Data analyzing and report writing was facilitated by the consultants, however, the country partners



were involved in all the processes and contributed to the entire process. The consultants facilitated two knowledge sharing meetings, the first was hosted in Trinidad and the second one in Jamaica. The country partners from Haiti were challenged each time with Visa and other related matters, preventing them to attend these two knowledge-sharing sessions. This resulted in two additional meetings, the first took place in Haiti and the next was in the Dominican Republic.

On the quantitative part of the research process, the first knowledge exchange focused on getting the Research Instrument finalized, whereby country partners took an entire day, going through the survey question-by-question (*Israel et al., 1998, amfAR, 2015*). Discussing all terminology and double checking if all the original thematic areas, as per the meeting in Belize 2018, were represented. On the qualitative side, this meeting focused on preparing participants on Interview skills, including the impact of the emotional burden that in-depth interviews may pose and self-care strategies. The theoretical focus for this first meeting was to explore sampling strategies, and how that may impact the type of response it can deliver.

The second knowledge-sharing exchange like the first one, covered topics in all research-related areas, quantitative, qualitative, and theoretical. Data collection proved to be the priority focus and a substantial amount of time was spent again on the survey instrument, but additionally hands-on training on using a Tablet as the platform to collect data on. Decision making involved was to determine who will enter the data on the tablets, and how to plan the community sampling that results in, adequate time for field workers or separately a data entering person to manage surveys. On the qualitative side, all aspects of Human Story collection were explored, setting the criteria.

FIELDWORKER TRAINING

Country partners were equipped with tools, demonstrated during the meetings in Trinidad and Jamaica, and online during monthly group meetings. The two in-person knowledge sharing and training meetings devoted time to the qualitative part of the research, to prepare everyone with interview skills, to collect Human Stories in vignette format. The knowledge sharing for the quantitative part of the research involved training on how to use the Tablets, as well as the theoretical components of the research methodology. Discussions with examples of sampling strategies and practical considerations were compared to the various strategies. Time was spent in role-play scenarios for both the human story interviews as well as the actual survey tool.

In a group format, the decisions to align the criteria for selecting field workers across the 8 countries, and discussions about stipends or incentives were discussed. This was for many groups and the country partners the first time to lead on all aspects of research and the two consultants were available to support.

The two country partners from Barbados who participated in the training of trainers workshop in Jamaica (2019), implemented a set of training for data collectors, over a period of two full days. These data collectors were four persons who identified as LBQ women and non-binary persons and were selected because of their connection to diverse areas of the Barbadian LBQT community, as well as, their past experiences in community organising. The data collectors were given a full history and scope of the entire project, its purpose, its objectives, the process of data collection and any additional details. The trainers then went through each section of the questionnaire with data collectors, question by question. This ensured thoroughness and fostered a complete

understanding of the tool. It also offered space to provide clarification on any content that required such. The data collectors agreed to their participation, with understanding of the guidelines, ethics and commitment of this role. They all signed Memorandums of Understanding agreeing to the stipulated guidelines of the data collection, on completion of the training.

TRANSLATION

Besides English, French, French-Creole, Dutch, and Sranan were considered. The process of translation for the purpose of the research is not merely to translate the survey tool but would require linguistic capacity in all aspects of the research. This includes fieldwork able to collect data in respective languages and “hold space” for a person who shares sensitive, potentially triggering, and intimate information about themselves, perhaps even for the first time.

The first knowledge sharing and training meeting in Haiti was with consecutive translation by a community partner from a peer organization in the LGBT movement, while with the second knowledge sharing meeting, which took place in the Dominican Republic the interpretation was done by the one country partner who is bilingual.

The survey was translated into French-Creole. As a collective, we decided to release the report in French-Creole and Dutch. As a collective, we decided to release the report in French-Creole and Dutch. In the case of Haiti, we decided to prioritize French-Creole as a publication language and not French, which, similar to English is mostly used in academic and other exclusionary spaces. French-Creole will more adequately reach the community the research attempts to represent and therefore be more accessible. In the case of Suriname, a large amount of the community finds Dutch more accessible than English.

LIMITATIONS AND CHALLENGES

From Fringes to Focus is the first in-depth community research, that takes a look into the lives of Lesbian, Bisexual and Queer women and Trans Masculine Persons in the 8 participating Caribbean Countries. Even though it was carefully planned and implemented it did involve some challenges. One of the limitations was the length of the survey. Both interviewers and interviewees commented that the survey was too lengthy. Some of the challenges in organizing and interpreting data on sexual orientation and gender identity graphs had to take into account the fact that some persons are not aware that there is a difference between sexual orientation and gender identity and expression. For example: a transgender male may say he is a lesbian because he does not differentiate between the heterosexual and homosexual aspect of being a trans person. Other challenges included, country partners who experienced difficulties in retaining the full number of fieldworkers trained, regardless of stipends and Memorandums of Understanding (MOU) signed. This resulted in dividing the target amount of those fieldworkers who did not complete among the remaining fieldworkers.

Reaching out to the LBO and Trans Masculine community was challenging, in some countries due to geographic outreach, in other instances due to the COVID-19 related country lockdowns and movement restrictions however two countries mentioned LBO and Trans Masculine specific challenges. In the case of Jamaica: *“Reaching our stipulated target presented us with some difficulties because of existing cultural and institutional barriers that would not allow us to easily find queer-identified people”*. In Haiti *“... even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves”*, this resulted in each



person fieldworkers have empirical knowledge of, being part of the community, first had to be approached and engaged in a long discussion to come to terms of understanding. This was a time-consuming task, and in a time when COVID-19 was already present in Haiti and two weeks after fieldwork started, the country went into lockdowns with curfews.

Some of the challenges which we encountered, specifically in Barbados in the data collection phase were:

- Lack of interest from LBQT persons to participate in research project
- Lack of trust for academia, formal LGBTQ organising for fear of their information being publicised or of what would be done with their data
- People becoming triggered or uncomfortable during interviews
- One data collector became unable to continue their commitment to the project so dropped out late in the process, having completed only a few of their targeted number of surveys. This then created strain for other data collectors in having to meet the numbers
- Participants not wanting to complete surveys at social event
- Not being able to track down interested persons to confirm participation and complete the survey
- COVID-19 and all of its implications which prevented all data collectors from meeting any participants. Participants were not interested in this as a priority issue anymore. Our final social event had to be cancelled. Collecting human stories had to be done remotely.

THE CHALLENGES OF COVID-19: IMPACT ON RESEARCH AND COMMUNITY ITSELF

Another great challenge was the onset of COVID-19. It was impossible to plan for the unlikelihood of this pandemic breakout amid our research. The original timeframe set out for data collection was January through to the end of March, resulting in a range of research related challenges, as that was the timeframe, globally, that Coronavirus made its appearance in various countries. Only Guyana completed their entire targeted sampling number before country lockdowns due to the strategy they planned to avoid anticipated complications during the elections in March. Haiti on the other hand had difficulties and completed fieldworker training the first weekend in March and data collection commenced the next weekend. Shortly after COVID-19 was announced and greatly impacted their data collection. Haiti managed to reach 50% of its target sample. Most countries were impacted with the collection of Human Stories, as the overall strategy was to collect those last, in the case that reflection on field notes or interest from survey participants arose after completion of the questionnaire. Saint Lucia and Trinidad managed to collect the largest number of stories and other countries varied around 2 or 3 stories, with Haiti not being able to collect Human Stories.

Besides the technical impact, in our research process - the overall experience was much deeper. While countries and governments aimed to protect and prepare themselves, in the best possible manner, LGBTIQ communities were impacted in ways of illuminating vulnerability, and unequal societies.

“Persons at the lower end of the financial spectrum, the self-employed, migrants, sex and/or daily paid workers, would not have the necessary documentation (National Insurance Numbers, Bank Accounts) to access the grants offered by the Ministry of Social Development. Traditional families with children were prioritized, while queer families remained an invisible demographic”.

- Trinidad country partners.

People living in poverty (or those who work on a day-to-day basis, low skilled or short-term jobs or in the informal job market), and any minority group (Human Rights Watch, 2019, OutRight International, 2019).

“With COVID-19 and the strategies implemented by the Jamaican government to flatten the curve (social distancing, curfews and some work from home orders) the employment opportunities that are actually available for LGBT people, became more difficult to access or hours were cut”.

- Jamaica country partners.

All our country partners were impacted in various ways, some had to immediately refocus, and among their colleagues and other organizational

volunteers jumped in and provided emergency assistance to those in their communities most severely affected, by the loss of jobs, country lockdowns and a range of other restrictions.

“Interviewees for the research began contacting field workers asking for assistance in different forms such as hygiene/ care packages, and food supplies”.

- Guyana country partners.

During one of our online Knowledge Sharing meetings, the country partners reflected on the data collection process in light of COVID-19 and it is important to highlight that it will remain unknown how survey sections, such as depression, and anxiety, domestic violence and demographic questions such as income and employment and a range of other socio-economic findings are shaped by the simultaneous experience of survey respondents of both the survey questions in general, as designed in combination with a pandemic.

In Barbados, COVID-19 and the necessary social restrictions surrounding the pandemic meant that all of our intended social events had to be cancelled. The social events served as a space for data collectors to connect with survey participants, so this proved a major hindrance. Many potential participants also had a major shift in priorities as the economic strain of the pandemic weighed on them. Participation in this project was simply not a priority issue for persons anymore. Our organisation also focused on providing assistance to community members in need by providing care packages containing food and toiletries, in collaboration with another local NGO.



SIDE NOTE – INTRICACIES OF QUEER AND PANSEXUAL TERMINOLOGIES

Queer

This research aimed to gather information about “persons who identify as lesbian, bisexual women, queer women, and transgender masculine persons.” While the study aimed to deconstruct sexual orientation from gender identity to better understand the needs of the study participants, it is widely accepted that sexual orientation and gender identity are not always easily separated and may overlap. In addition, the meaning of the term “queer” is particularly complex. Ghisyawan points out that in Trinidad the word queer is multi-ethnic, multi-racial, and class-stratified which complicates individual and community identity politics (2015). Across the Caribbean scholars focus their work at the intersections of gender, sexuality, and race and reveals the gendered and hetero/sexist knowledge production (Haynes & DeShong, 2017).

Our study used the term “queer” in the questionnaire in the following ways: Do you identify as transgender, genderqueer, and/or gender non-conforming. The study also addresses the research community as “persons who identify as lesbian, bisexual women, queer women, and transgender masculine persons.” Both descriptions use the term “identify” yet list words attributed to both sexual orientation (lesbian, bisexual, queer) and gender identity (women, transgender, trans masculine). From a theoretical perspective and noting that scholarship attests to the contextual specificity for meanings of “queer” – including global North/global South or Western/non-Western divides – by most definitions, “queer” denotes a sexual orientation that is not straight, non-heterosexual, or non-normative. In terms of gender identity – often called ‘genderqueer’ – “queer” suggests not conforming to a gender binary, subverting the binary, non-heteronormative, or transcending the norm.

Queer is by definition whatever is at odds with the norm, the “legitimate,” the “dominant” (Halperin, 1995). Its referent can be sexuality or identity, or neither. ‘Queer’ defines a positionality with respect to, and outside/beyond/not – the normative. Acknowledging that queer is used interchangeably across questions of sexual orientation and gender identity in this study, the researchers use “queer” to broadly describe that which goes against the norm. That being said, very few of the research participants described themselves as “queer” per se. Presented with the opportunity to self-describe, very few of the participants used the word “queer.” Many did, however, use the word “pansexual.”

Pansexuality

Although we set out, as mentioned above to conduct this research within the LBQ and Trans masculine communities, we found no participant in the survey presenting as queer, however, it is important to mention that the largest demographic within the option “other” self-identify as pansexual. The researchers will use the “preferred vocabularies of the people under discussion” (Epprecht, 2013). Our goal is to surface the voices presented by the communities within the participating 8 countries. We will, therefore, present information in our findings for lesbian, bisexual, pansexual, and trans masculine. Some countries such as Haiti had no community members identifying as pansexual and we will therefore not present graphs by that category. However, Barbados has 28% of the participants indicating they identify as pansexual.

Our questionnaire listed the following choices for questions related to sexual orientation:

- Lesbian
- Bisexual
- Pansexual (a person who experiences sexual attraction towards members of ALL genders, including trans persons and all other variety of gender identifications, as well as those who do not feel that they have a gender)
- Heterosexual
- Asexual (a person who has no sexual feelings or desires)
- Other (with space to self-describe)

The following choices for questions related to gender identity were included:

- Man
- Trans man
- Trans woman
- Gender non-conforming
- Other (with space to self-identify)

For the purposes of this research report the data is presented according to sexual orientation namely: Lesbian, Bi-Women, Pansexual, Trans masculine person and "Others" which includes other terminologies such as "asexual, heterosexual, don't like labels etc."



THE METHODOLOGY

QUANTITATIVE COMPONENT

Sampling Strategies

Following a broad discussion during the first knowledge sharing meeting to ensure all participants, including those who had no previous research design experience, are on the same page with the various sampling strategies available and how it might impact the possible research outcome, each country could go ahead to determine the manner they would reach out to recruit participants. The majority of the countries selected Respondent Driven Sampling or Time-location strategies (*Magnani et al., 2005*).

In past, all efforts to mobilize LBQT communities in Barbados have been less successful than mobilizing queer, cisgender men. LBQT communities in Barbados are still very underrepresented in LGBTQ spaces and generally respond to activity that is social and specifically for their community. Our approach to collecting data was two pronged: utilizing the predetermined connections of data collectors who were well adjusted in diverse LBQT communities in Barbados. It was very important that data collectors were persons who already had an established level of trust with survey participants. This also utilized the snowball method slightly because interviewed persons would refer their friends and partners for participation. Additionally, we hosted “limes” or LBQT only social events, focused on different thematic issues. January’s event focused on a strong Barbadian cultural event of roasting breadfruit. The second event in February focused on LBQT specific SRHR education and dialogue. These events were advertised publicly on social media to an audience of women in Barbados between the ages of 18 and 65+. This saw response and turnout from people who none of the data collectors

were remotely connected to. These women and trans men also brought their LBQT colleagues. We used these spaces as an opportunity to conduct surveys, but also build a contact database for interested persons to be contacted following the event and participate in interviews. Each participant received compensation for their time (\$30 BDS) on completion of the survey.

Country partners committed to their target number of participants with a collective goal of 1050 survey participants. This number was reviewed and reaffirmed during the second knowledge sharing meeting.

Country	Target	Final Data submitted
Barbados	100	97
Belize	150	160
Guyana	150	150
Haiti	150	69
Jamaica	200	202
Saint Lucia	100	114
Suriname	100	126
Trinidad & Tobago	100	100

Data Collection & Analysis

Survey data into an online database called Kobo collect which allows for data to be collected offline and then stored in an electronic data management.

The database information was downloaded onto an excel format and was analyzed with the software JASP and Excel and descriptive statistics were executed. The key elements for reporting the statistics was Sexual Orientation of the overall sample and for each country.

For the purposes of this research report the data is presented according to sexual orientation

namely: Lesbian, Bi-Women, Pansexual, Trans masculine person and “Others” which includes other terminologies such as “asexual, heterosexual, don’t like labels etc.”

Overall notes on research instruments

From the inception three guiding factors were considered to develop the research instrument. A search for Caribbean specific tools to measure health, mental health, and contexts for LBQ women and Trans masculine persons was carried out. Not able to find any Caribbean LBQ and Trans masculine specific instruments it was decided to rely on and borrow overlapping question areas from the ‘Are we doing alright? Realities of violence, mental health, and access to healthcare-related to sexual orientation and gender identity and expression in East and Southern Africa: Research report based on a community-led study in nine countries’ (Müller et al. 2019). Throughout this project, the five key themes of concern that were identified by the participants as most pressing across the 8 Countries as indicators for inclusion were at the core of the entire process.

One remarkable difference was that this study did not include gay (cisgender men), trans feminine or intersex participants (unless they self-identify as lesbian, bisexual, or queer with their sexual orientation) as in the case of the East and Southern Africa research. The instrument was adjusted to align closer to the Caribbean context and therefore altered some language. Section 2d: “Trans-related health care needs” was also added. There was no study found in the Caribbean to measure the status of medical and surgical transition of Trans masculine persons. This question set was extrapolated and adjusted from an unpublished instrument designed by Liesl Theron for a mixed-method trans community-led research project supported by amfAR, for which the complete survey instrument was approved by the University of Pittsburgh IRB as well as the local supporting University of Cape Town board of research ethics.



This community research, according to the 5 key themes of concern, required question sections on Sexual and reproductive health and rights and on access and experiences of people living with disabilities.

Section 5 was added: “Experiences of sexual and reproductive health and rights” and for this, we designed our own set of 22 dichotomous (polarized) questions with a simple Yes/No option provided.

Section 6: “Experiences of living with Disability”. For the Disability questions, the “Capacity and Health Conditions” instrument in the Model Disability Survey – Brief version, developed by the World Health Organization and the World Bank was used.

Once the survey instrument for the quantitative part of the research was drafted, the country partners convened and tested the instrument, by going through it question by question to ensure local context is incorporated (*amfAR, 2015*). With their feedback, the instrument was updated.

Our organization assigned use of the tablet for data entry to one person. This person was present at the training of trainers’ workshop in Jamaica and received full training on how to maneuver the tablet. We found that this method would be much easier than letting multiple people have access. Data collectors conducted surveys on printed questionnaires. These were then submitted to the assigned data entry person, who translated the information from the paper questionnaires, into the tablet on a rolling basis.

QUALITATIVE COMPONENT

Human Stories

The purpose of storytelling as part of research provides nuanced detail to create context and lived experience from the community that is

researched into the data that is presented. This strategy is helpful to produce information that is understood by the reader, who might not identify with the community. This strategy was decided on, as the participating organizations throughout the eight countries represented want to use the research in ongoing advocacy, program and project development as well as information sessions and awareness campaigns. During the knowledge sharing meeting in Trinidad, as part of the process to finalize the research methodology, we compared various Human story collecting strategies and decided on Mini-Stories, or Vignettes.

Vignettes presented the solution to what we were looking for as the length of the story can be short, the context and settings are real, facts, figures, and data can be present but is not mandatory and stories may or may not have fictional elements. This allows us to secure the anonymity of the community members who agree to share their stories, as we can change their names, location, and other information to conceal their identity without losing the information of the account given (*Valiathan, 2015, Ibrisevic, 2018*).

The approach was to use guidance, zooming in, and focus on the story, presenting it in a succinct manner, with a flow in the storyline that is similar throughout the research. Collectively the group of country research participants reviewed and agreed on the following elements and story structure, (Care.org).

Elements to consider for the story:

- Stories are about people
- The details make the story real
- Keep your audience engaged
- Keep emotion at the heart of the narrative
- Use language the audience will understand – no jargon/acronyms and limit program language.

Structure of the story – an example:

- CONTEXT: Who, What, Where
- PROBLEM: What obstacles or challenges has the character faced?
- {3. SOLUTION: Introduction to your org’s work and what happened next?}*
- 4. IMPACT: The person who shared has overcome a problem and been transformed
- {5. FUTURE: Hope}*

*Group decided that some stories might not have nr 3 and 5

During the next Knowledge sharing meeting in Jamaica collectively the group of country research

participants reviewed and agreed on story collecting criteria, context guidelines, pointers to seek the solution, impact, and the future in the story according to the suggested structure from agreed in the previous meeting.

Key Themes

At the 2018 meeting, the partnering organizations discussed and decided thematic areas, in need of prioritizing, in line with the gaps identified in the 8 participatory countries and the region. The projected advocacy to address, using the research results formed part of the prioritizing process. Participating country partners took part in this robust discussion, shaping the thematic areas (amfAR, 2015).

KEY THEMATIC AREAS:

The key thematic areas agreed upon by all were:

Violence • Experience of violence • IPV • Sexual assault • Homophobic rape (UNAIDS Guidance, 2015) • Childhood experience with violence • Physical violence • Access to Justice; reporting violence, etc.

Stigma & discrimination • Level • Support systems (access of LBQ spaces) • Citizenship (social integration) • Community participation • Lack of anti-discrimination legislation • Religion (uniting sexual identity and faith)

Socio-economic position • Poverty level • Discrimination at the workplace • Education • Remittances from overseas • Cost of poverty (criminal activities etc.)

Mental Health Substance abuse • Coping mechanisms • Self-medication • Trauma’s impact on mental health • Access to services • Experiences accessing services • Depression, suicidal thoughts

Health • Access • HIV/STI status • Experiences accessing health services • Living with HIV • SRHRS • Risk perception of STI/HIV • Transition related health



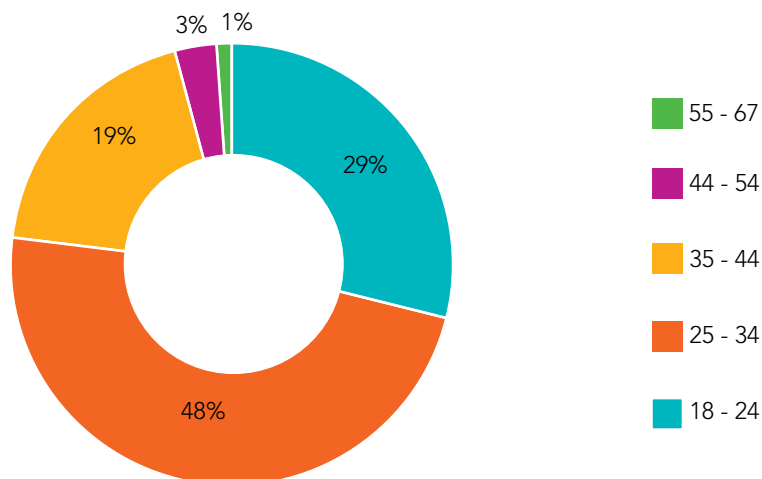
SURVEY FINDINGS AND DISCUSSION

SECTION 1 A: BACKGROUND

1.1 Age

Majority (48%) of the 97 respondents were between the ages of 25-34 years, followed by 29% who indicated that they were between 18-24, while the age group 55-67 had only 1 participant and the group who were 44-54 years old had 3 participants.

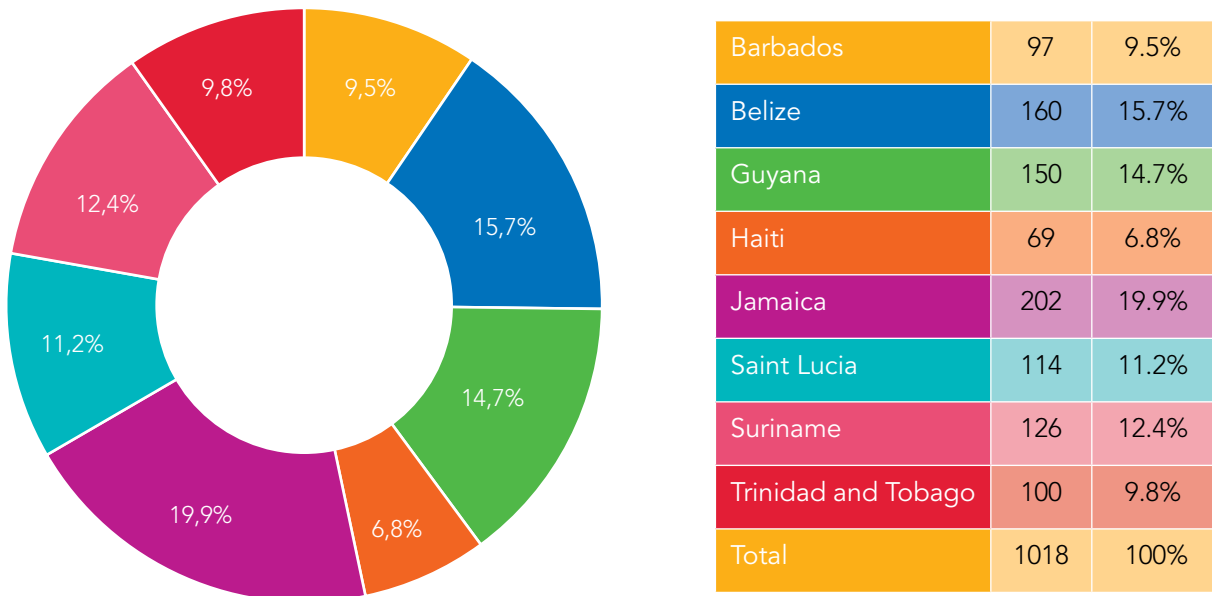
Figure 1: Age range



1.2 Country of Residence

The research conducted in 8 countries had a total of 1,018 respondents. Of these, the majority were from Jamaica 20%, Belize 16%, Guyana 15% followed by Suriname 12%, Saint Lucia 11%, Trinidad and Tobago 10%, Barbados 9% and Haiti 7%. Despite the outbreak of COVID-19 and country lockdowns, Barbados managed to reach nearly the full number (97) of participants, (100 was planned).

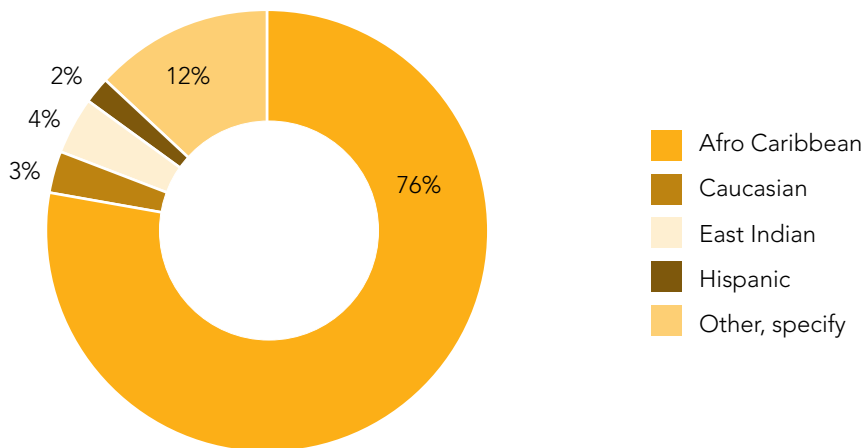
Figure 2: Country of Residence



1.3 Ethnicity

Most participants (46%) were of Afro-Caribbean ethnicity and the second highest (30%) rated as “other” and more specifically “mixed” Afro/Indo-Caribbean. 19% said East Indian.

Figure 3: Ethnicity



1.4 What type of area do you live in?

40% percent of participants lived in a village and 29% indicated that they lived in a town. There were 16% who indicated they live in a city, followed by 15% who indicated “other”.

**Table 1:** Type of area live in

What type of area do you live in		
	N=97	%
City	15	15.5% 16
Other, specify	15	15.5% 15
Town	28	28.9% 29
Village	39	40.2% 40

SOCIOECONOMIC CONDITIONS

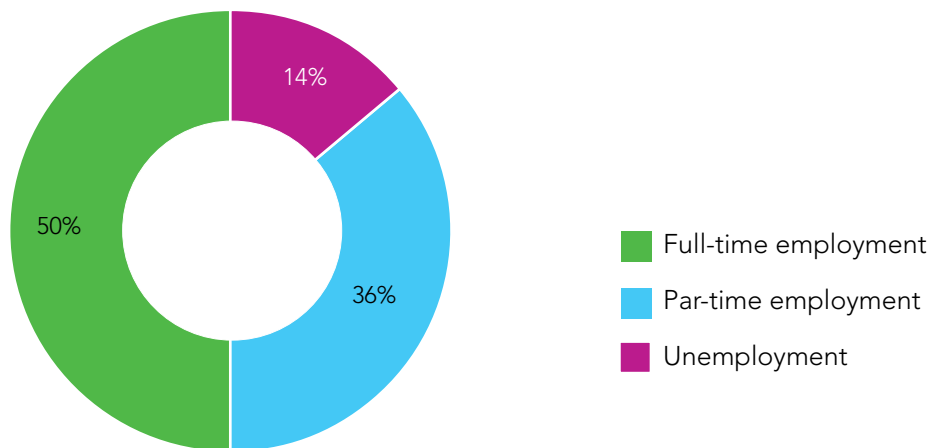
1.5 Enough money to cover basic needs

When we asked if they had enough money to cover their basic needs, 41% indicated “usually” while 21% said “always.” There were 34% who only had enough funds “sometimes” and 4% never.

1.6 Paid employment

When we asked respondents about their employment status, 50% said that they had full-time employment, 36% indicated part-time employment while 14% selected that they “do not have any work for which they get paid”. World unemployment rates per country according to the United Nations (ILO) is as follows for these countries: Haiti 13.5% (Dec. 2019); Trinidad and Tobago 4.6% (Sept. 2018); Jamaica 7.2% (Dec. 2019); **Barbados 8.9% (Dec. 2019)**; Belize 9.4% (Dec 208); Suriname 7.4 (Dec. 2019); and Guyana 13.8% (Dec 2018). (ILO 2019) In comparison, there were discrepancies between the national unemployment rate and the unemployment rate among the LBO TM respondents, as this research points out the difference between ILO’s national statistics indicates 8.9% unemployment in the general population and our findings indicates 14%. There are two potential reasons for this, firstly the impact of COVID-19 during the time of data collection for this research and secondly regarding employment, research on the involvement of LBO women and Trans Masculine persons in the labor force indicates that, in most cases, they are almost twice as likely to experience unemployment when compared to their cisgender, heterosexual counterparts (Charlton et. al, 2018).

Figure 4: Participant employment status



1.7 Religion

There were 37% that stated they are not religious. Of the 95 respondents, who answered this question, 38% stated that their religion was Christianity. There were 14% that selected Other, while the remaining stated 5% Rastafarian, 4% Islam and 2% Buddhism. No one selected Hinduism.

Table 2: Religion

Religious beliefs		
	N=95	%
Buddhism	2	2.0%
Christianity	36	38%
Hinduism	0	0%
I am not religious	35	37%
Islam	4	4%
Other, specify	13	14%
Rastafarian	5	5%

Besides Buggery laws, inherited from Colonialism, and rooted in religion, the most prominent cause for discrimination, rejection, bullying, side-lining and hate crimes in the Caribbean remains to be religion. A number of examples throughout the eight countries in our study demonstrated how religion continues being used against members of the LGBTQ community, in their private lives and public spaces.

In a recent report *"Faith-Based Efforts in the Caribbean to Combat Discrimination Based on Sexual Orientation and Gender Identity"* one respondent shared "Religion plays a very strong role in the violence that persons in the LGBTQI community face. Most of the time, during violent and discriminatory acts, religious scriptures are quoted as a justification for the attack."— LGBTQI activist, (Arcus 2020). Another respondent attest about the influence religion holds over the lives of LGBTQI community members "The church is impactful in political discussions to change the laws ... the church is the biggest influence on the



society's view of the LGBTQ community."—female medical practitioner of faith, Barbados, (Arcus 2020).

Remnants of the colonial imposition of Christianity are clearly visible in anti-LGBTQ organizers, today. Evangelical anti-LGBTQ organizing in our space is powerful, well-resourced and systemic. One group leading this charge is "Family, Faith and Freedom" whose mandate is solely mobilization against the LGBTQ movement in Barbados. Their membership and leadership consist of persons who hold positions of high esteem within Barbadian society. Scott Strim, who previously lived 20 years in Belize and were a well-known spokesperson for retaining the Sodomy Laws in Belize (HRC, 2014) spoke at the World Congress of Families in Barbados. Strim furthermore is outspoken against Haiti, for ending slavery 200 years ago (Mann, 2017). They receive substantial support from notoriously conservative (SPLCentre, 2016, Mann, 2017). Evangelical churches from North America mobilize heavily against the implementation of any inclusive Sexual and Reproductive Health and Rights (SRHR) legislation or policy. They host an annual anti-LGBTQ rally in Barbados under the theme of "Fighting for the Family" and "National Pride", fueling the dangerous misconceptions that:

LGBTQ people are separate from the rest of society

- LGBTQ people are a threat to the structure of family; upholding the colonial structure of what a family should look like; rather than acknowledging that LGBTQ people are members of diverse families across Barbados.
- These rallies have attracted around 6,000 people in the past (Wheatherbe, 2015). Groups like this also use their power to hypersexualize LGBTQ people (Cummins, 2017,A) and deny that any discrimination on the basis of sexual orientation, gender identity, gender expression (SOGIE) occurs in Barbados (Cummins, 2017,B). Their power is a direct indicator of the attitudes of many who control points of access to resources for LGBTQ persons (i.e. medical professionals, business owners, educators, and members of government).

1.8 Level of Education

All the participants, but 1 [n] received some level of formal education with 71% having attended a Post-Secondary institution, including 100% of the trans and gender nonconforming respondents. The second highest level of education, by a great margin was 28% of persons who completed secondary school. Conversely only 1 %, or one of the 97 respondents, did not progress beyond primary school.

Table 3: Level of education – total respondents vs trans and gender nonconforming

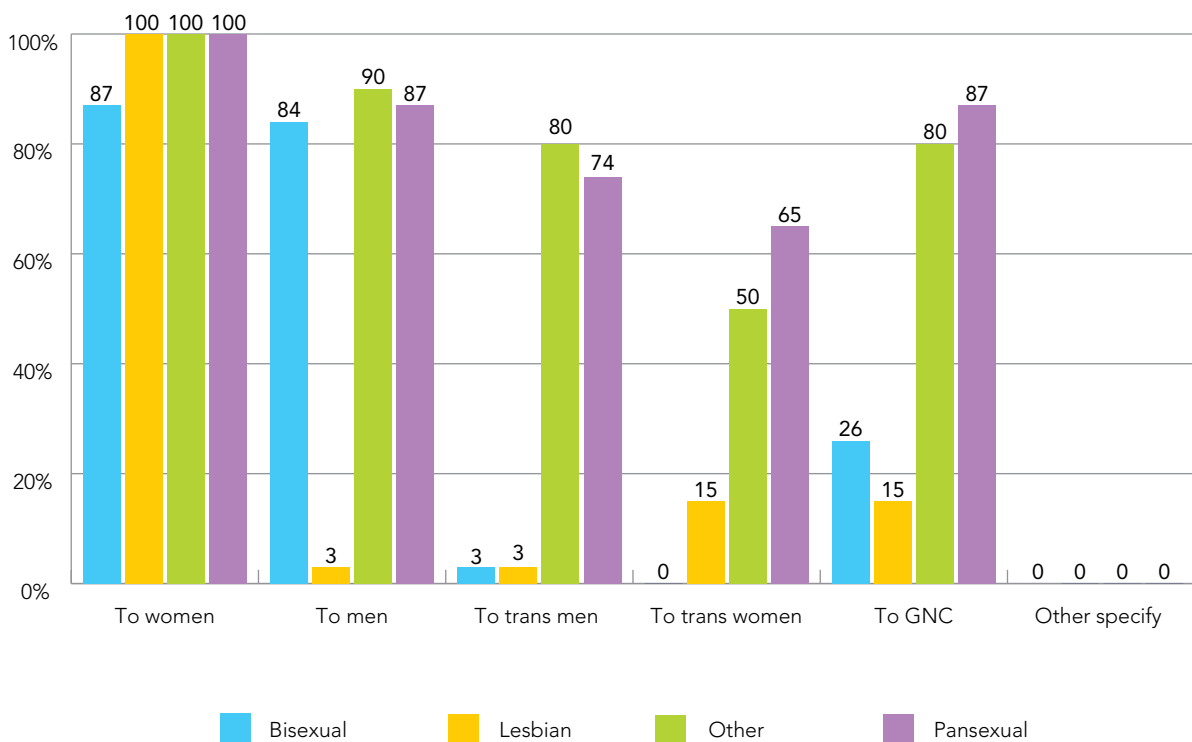
Highest level of education	Total Respondents (N=97)		Trans and Gender Nonconforming (N=7)	
	N	%	N	%
No formal education	0	0%	0	0%
Other, specify	0	0%	0	0%
Post-secondary, A-levels, Diploma, University	69	71%	7	100%
Primary education	1	1%	0	0%
Secondary education	27	28%	0	0%

SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION

1.9 Sexual attraction

There were 96% of the respondents that indicated that they were attracted to cisgender women. This consisted of 100% of lesbians, pansexuals and "other". There were 58% of the respondents that indicated that they were attracted to cisgender men, including 3% of the lesbians, 84% of the bisexuals, 87% of the pansexuals and 90% of the people who identify as other. A total of 28% of the respondents indicated that they were attracted to trans men while 26% were attracted to trans women and 42% of the respondents were attracted to gender non-conforming people.

Figure 5: Sexual attraction

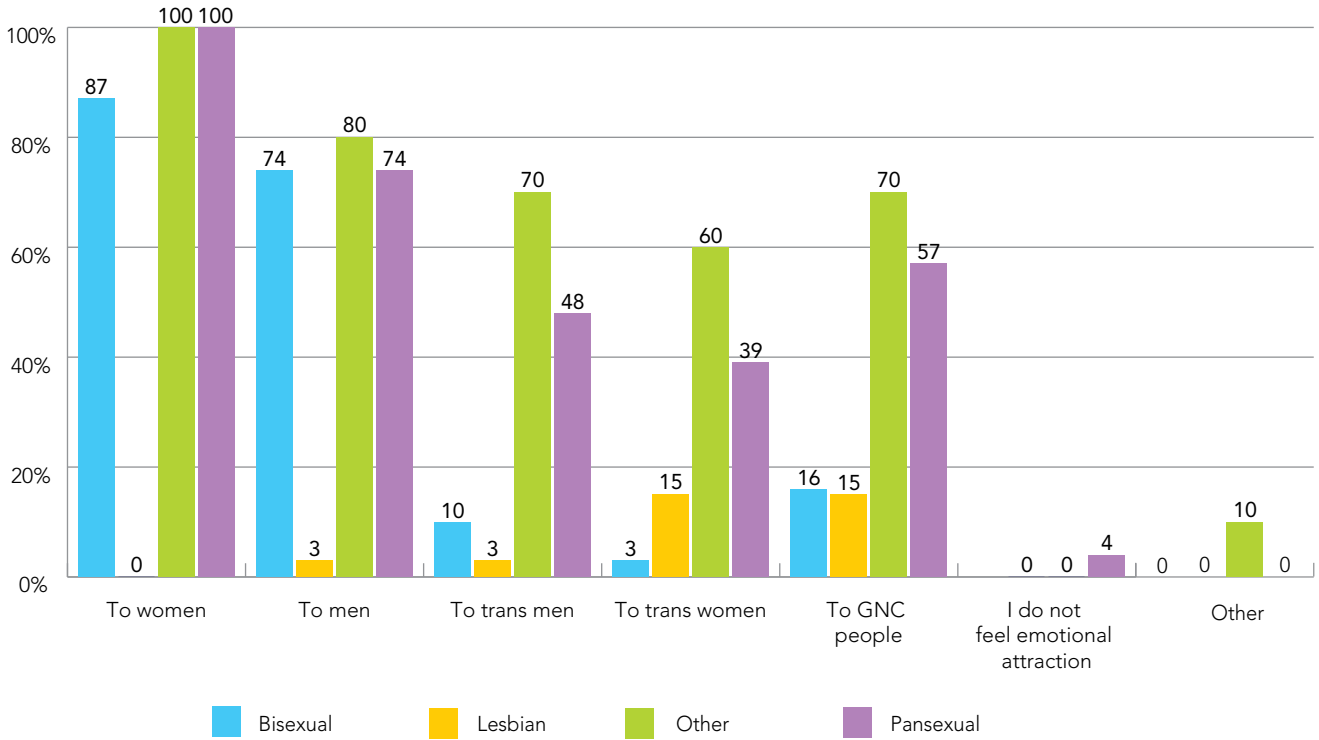




1.10 Emotional attraction

When we asked about emotional attraction respondents replied similarly to the sexual attraction question, with a very marginal shift, for example in total respondents were sexually attracted to cisgender women by 96% and emotionally attracted 94%. Respondents being sexually attracted (28%) to trans men versus emotionally attracted (23%). There were 22% who were emotionally attracted to trans women and 31% to gender nonconforming people. Only 1% said that they did not feel emotionally attracted to anyone.

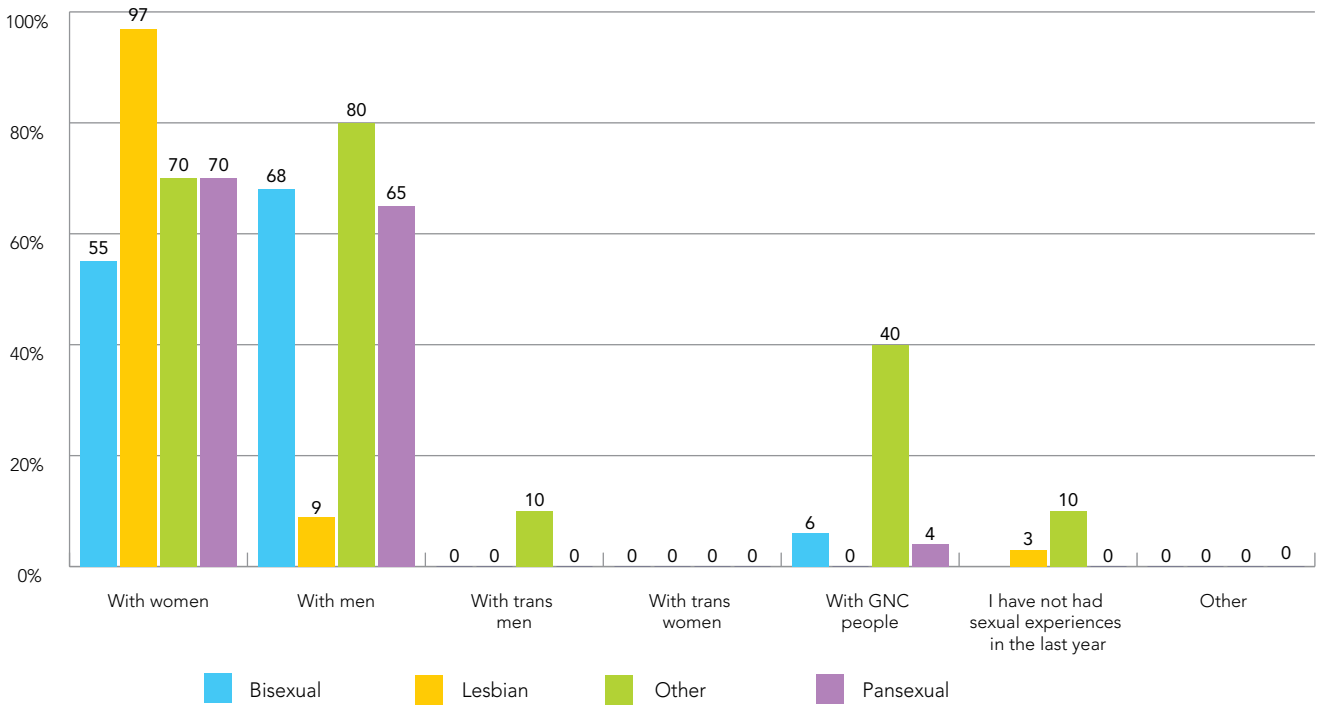
Figure 6: Emotional attraction



1.11 Sexual experiences in the past 12 months

Of the 74% persons had sex with a woman in the past 12 months, were 97% of the lesbians, 55% of the bisexuals and 70% of the pansexuals. A total of 48% respondents have and sex with cisgender men in the past 12 months, of whom were 68% of the bisexual and secondly 65% of the pansexuals, 80% of those who identify as other and 9% of the lesbians. 1% of the respondents indicated they had sex with a trans man in the last 12 months and no one with a trans woman. 7% of the respondents did not have sex in the last year.

Figure 7: Sexual experience, last 12 months

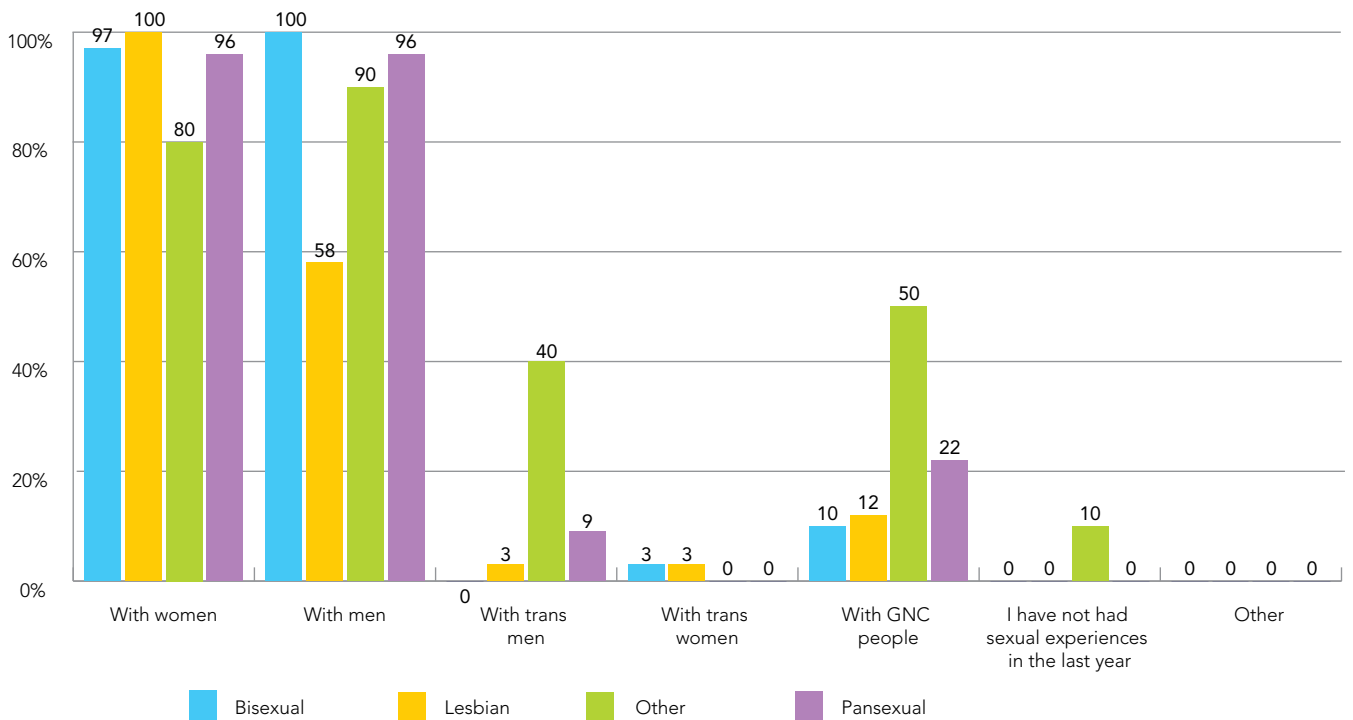


1.12 Sexual experience in the past

When we asked the respondents about their sexual experience in the past, 96% said that they have had sex with a woman in the past, of which 100% of the lesbians, 97% of the bisexuals and 96% of the pansexuals confirmed that. There were 84% or respondents that indicated that they have had sex with cisgender men, 7% with a trans man and 2% with a trans woman, while 18% have had sex with a person who is gender nonconforming. 1% said that they have not had sexual experiences in the past.



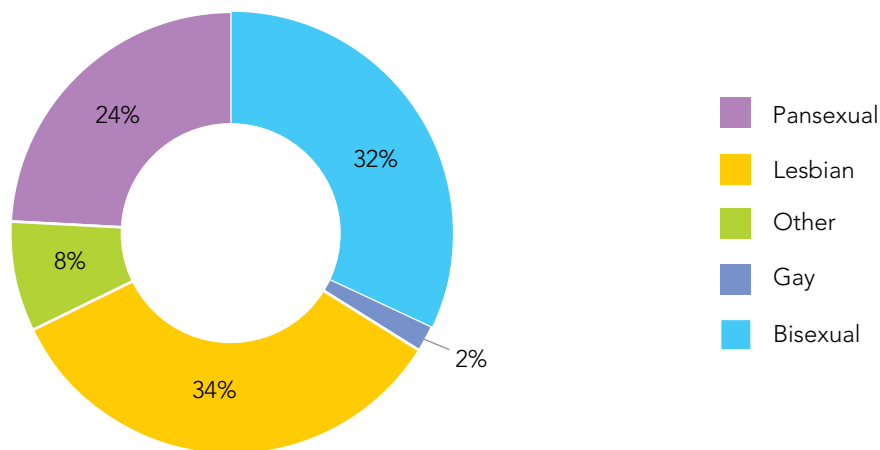
Figure 8: Sexual experience, past



1.13 Sexual Orientation

When we asked respondents about their sexual orientation, 34% said that they were lesbian, 32% bisexual, followed by 24% who indicated pansexual – a person who experiences sexual attraction towards members of ALL genders. Pansexuals and bisexuals make up the second and third largest segments, respectively, and when combined exceed the lesbian identified populations, as they collectively represent 56%. Pansexuality and bisexuality are very similar, the key difference being that pansexuality is inclusive of trans identities and is the most fluid orientation or identity on the sexual minority spectrum. There were 8% who said “other” while 2% selected gay. The fourth category comprising 9 % of the pie chart were those who identified as “other”. “Other” is categorized as a gender identity and sexual orientation, comprising gender nonconforming persons, trans masculine and a lesbian trans woman. The aim of this research is to create a needs assessment and identify gaps in the healthcare system for sexual and gender minorities, who have been Assigned Female at Birth (AFAB). Sexual minorities refer to that population of persons whose sexual orientation is non- heteronormative.

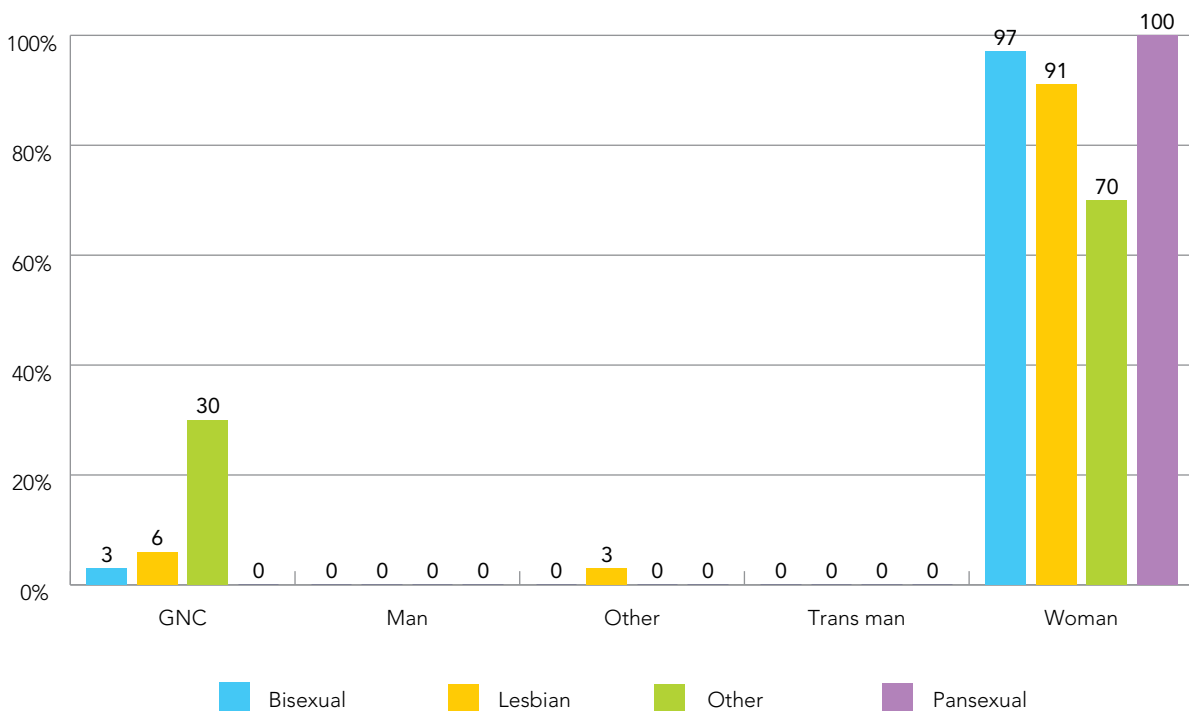
Figure 9: Sexual orientation



1.14 Gender identity

Gender Identity, unlike sexual orientation, is not about attraction to a sex or gender, but rather the way an individual conceptualizes his/herself. It refers to a deeply intimate and subjective sense of being a man or woman, masculine or feminine. Whereas cisgender people identify with the gender specific social constructs of their assigned sex at birth, gender minorities comprises groups of persons of trans-experience, queer and/or gender queers, as well as gender nonconforming (GNC) persons. In terms of gender identity, 93% identified as women, 6% identified as gender nonconforming and 1% as other. The exchangeability in which terms are used (Haynes & DeShong, 2017) often guides sexual practices to a self-articulated marker for identity (Ghisyan, 2015) which both allows for, but also creates a challenge for people to assign a sexual orientation along with a gender identity to themselves.

Figure 10: Gender identity





1.15 Sex at birth

When we asked about their sex at birth, 99% of the respondents indicated that they were assigned female at birth and 1% male at birth.

1.16 Legal Sex

There was 1 [n] person, who identified as lesbian, that indicated that their legal sex is male.

SECTION 1B. GENDER EXPRESSION

In exploring gender expressions, the respondents were asked how feminine they thought they were and 33% that stated “somewhat”, while 39% stated “very much and extremely. There were 5% that said, “not at all” and 20% said “a little.” When we asked them how feminine they behaved 43% said, somewhat. We also asked how feminine they thought they appeared to others, and 26% said very much.

Similarly, we asked respondents how masculine they thought they were and 34% said a little, while 28% said somewhat. There were 29% who said they behave somewhat masculine and 38% said a little, while 5% said extremely. 9% said they appear very masculine while 10% said extremely masculine.

Figure 11: Gender expression - Feminine

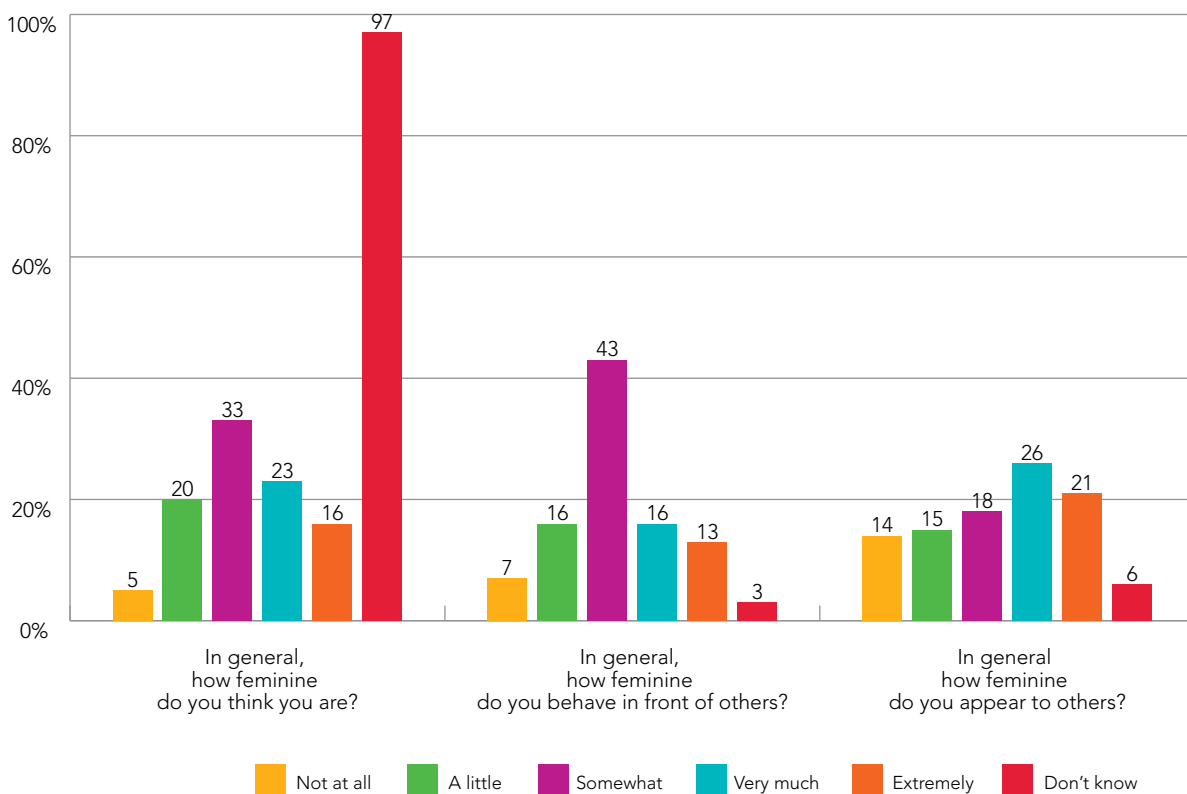
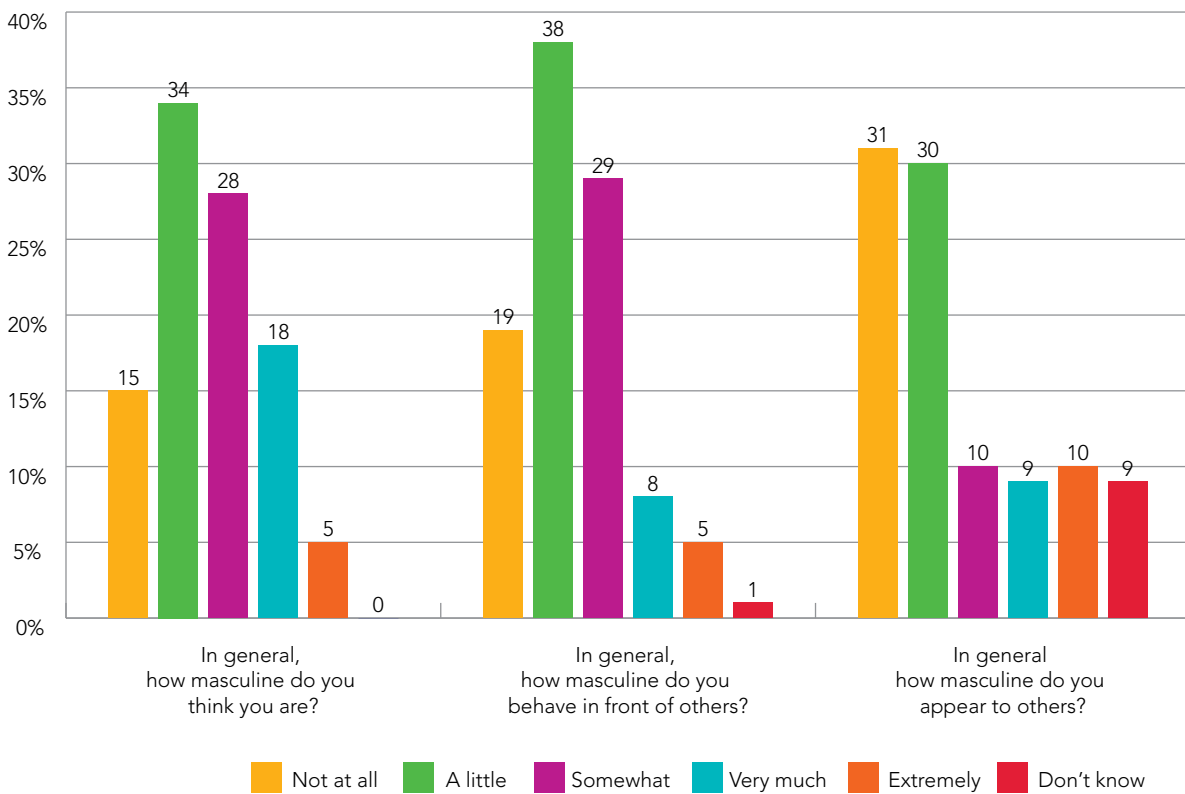


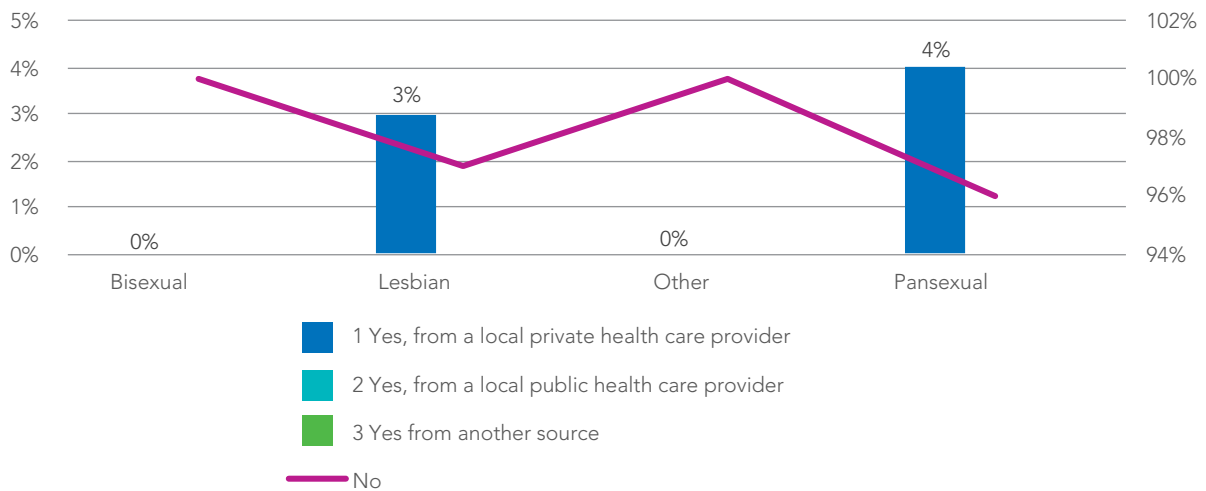
Figure 12: Gender expression - Masculine



Gender affirming care - Hormones

We asked participants if they were using hormones (Testosterone) for gender affirming purposes and there were 2 [n] persons who did, of which both obtained it from a local private health care provider. 1 [n] person who used hormones identified as pansexual and the other one as lesbian.

Figure 13: Gender affirming care - Hormones



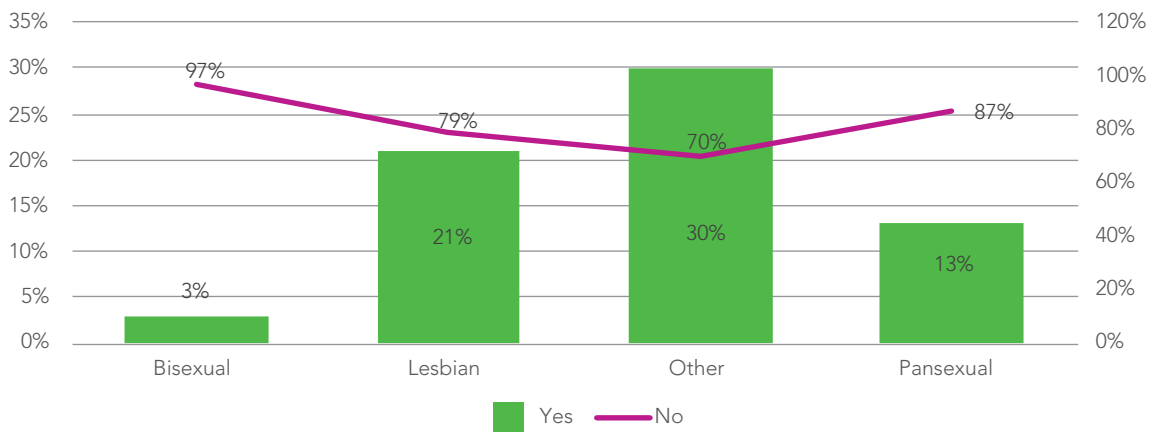


Gender affirming practices

There were 14% that stated that they used some form of binding (binders, bandages) or some other method to hide their breasts. There were 5% who stated that they used socks or dildoes/packers in their underwear to simulate a penis.

Respondents were asked to state if they lived by their self-identified gender. There were only 2% that stated that they did not, while there were 4% that stated that people did not know them by their chosen name. In some Caribbean countries, such as Belize, Jamaica, Guyana, Trinidad and Tobago, it is possible to legally change a person’s name however it is still not legal to officially change documentation – and therefore leave trans persons with no legal protection if their documents are not in alignment with their self-expression (Berredo et. al., 2018). This is not the case for Barbados.

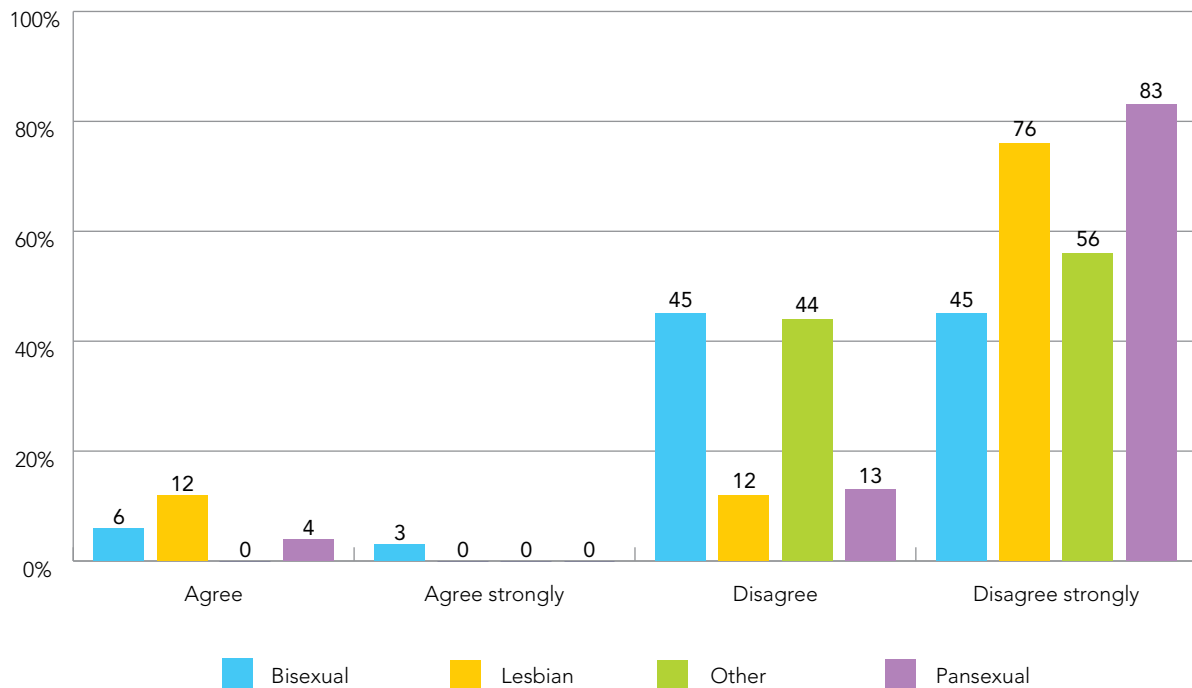
Figure 14: Gender affirming practices – Chest binding



SECTION 1C: SEXUALITY AND SELF

The respondents were asked if they disliked themselves for being a person who had or wanted sex with people of the same sex. Of the 97 respondents, 12% agreed with this statement while 61% disagreed strongly. There were 12% that either agreed or strongly agreed that they wished they were only sexually attracted to the opposite sex. There were 8% that stated that they feel ashamed of being sexually attracted to persons of the same sex. There were 20% that agreed or strongly agreed that being attracted to a person of the same sex was a personal weakness of theirs. There were 8% of the respondents who indicated that they would accept if someone offered them the chance to be completely heterosexual. There were 6% of the respondents who indicated that when they thought about having sex with someone of the same sex, they had negative thoughts or feelings.

Figure 15: Chance to be heterosexual, if offered – by sexual orientation



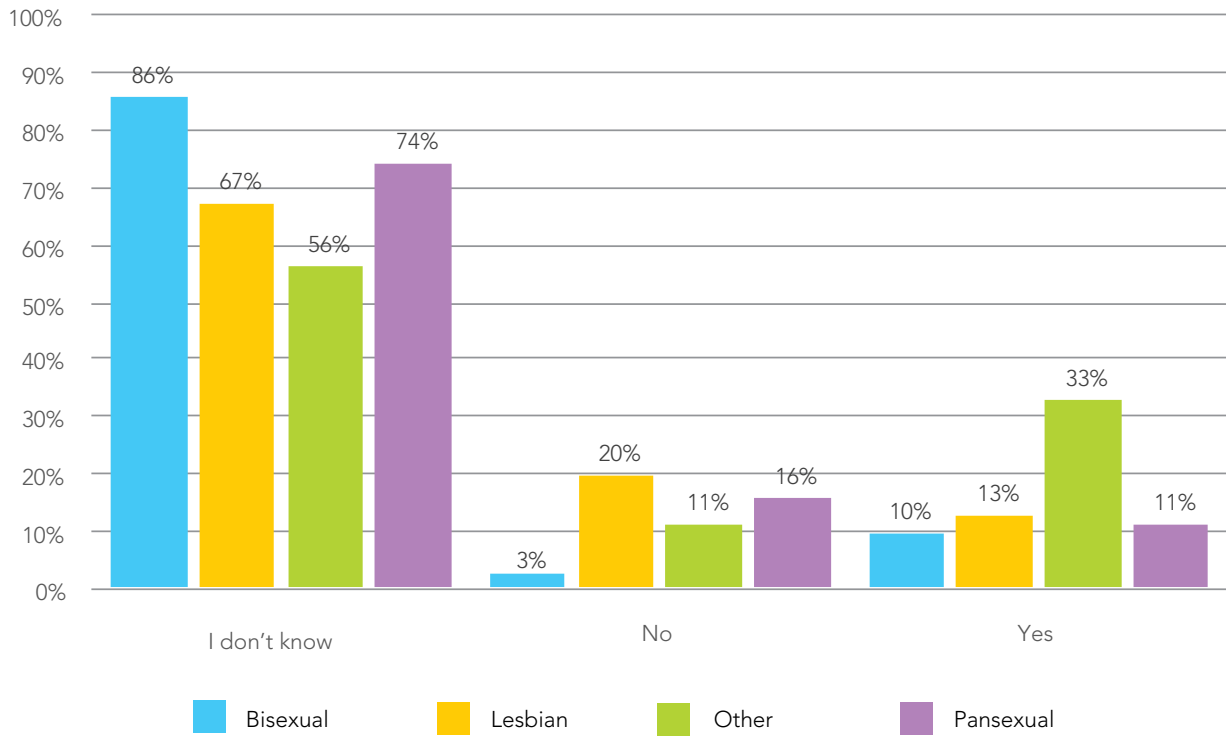
SECTION 1D: GENDER IDENTITY AND SELF

There were 8 persons who completed this section of the survey. There were 1 [n] person who strongly agreed or agreed that they disliked themselves for being trans or gender non-conforming, while 5 [n] strongly disagreed with the statement. There were 2 [n] persons who wished that they were not trans or gender nonconforming. There were 5 [n] persons who said that they agreed or strongly agreed that they thought about the fact that they were transgender when interacting with people. No one thought that being transgender or gender nonconforming was a personal weakness, while only 1 [n] person stated that if they were given the opportunity to be cisgender, they would accept the offer, and 7 [n] participants disagreed or strongly disagreed with the statement.

There were 87 [n] participants of the total who answered the question about availability of hormones in Barbados. 14% it is available, 13% said no, while 74% said that they don't know.



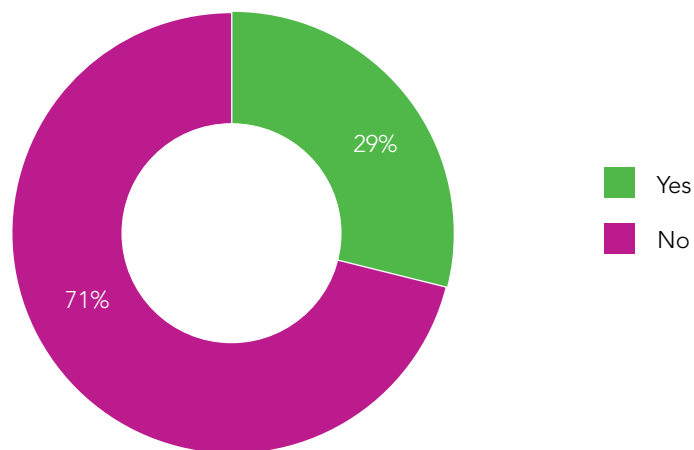
Figure 16: Availability of Gender Affirming Hormones



SECTION 2A: HEALTH SERVICE USE

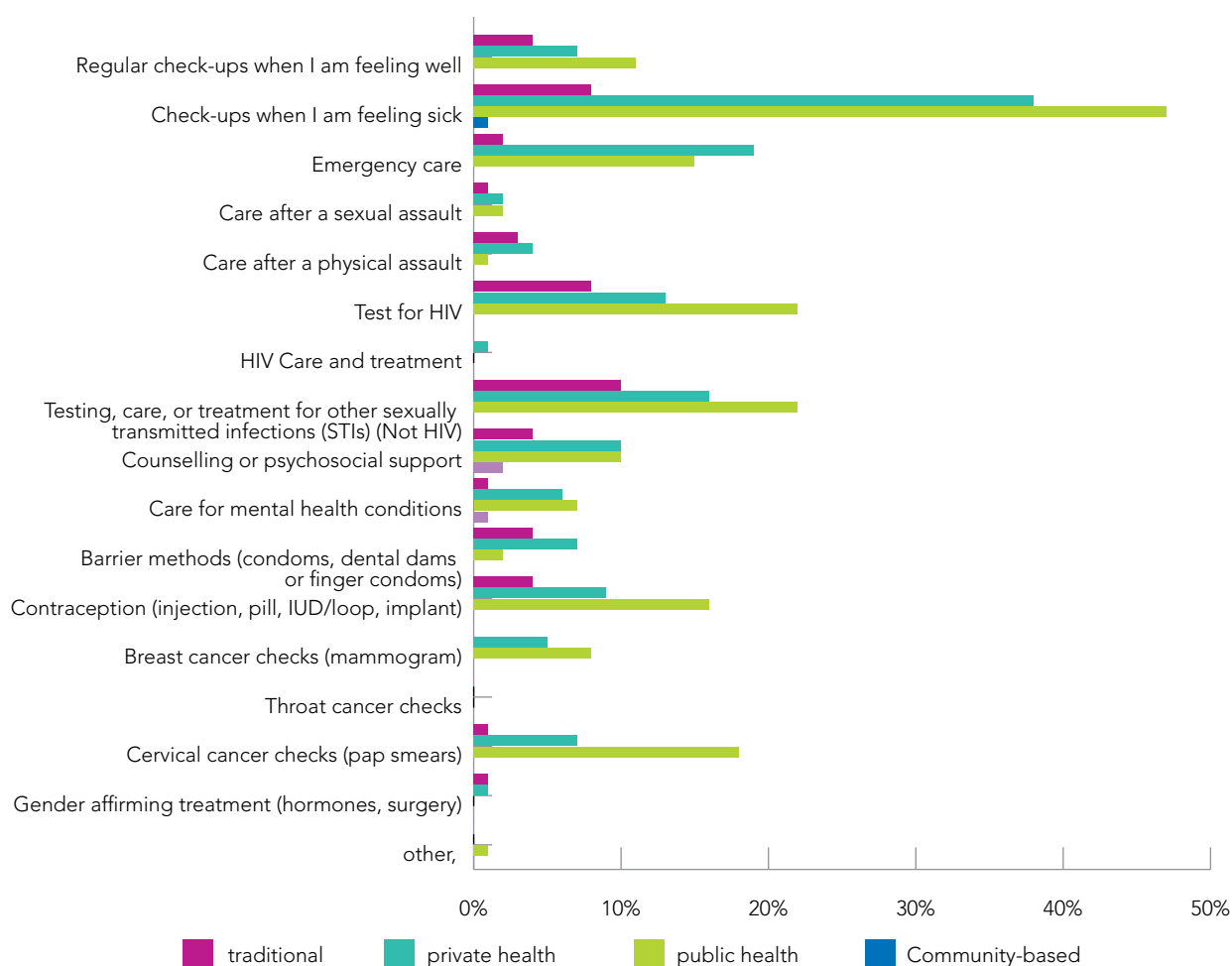
When asked about private health insurance, 29% stated that they had private health insurance while 71% said that they did not.

Figure 17: Private health insurance



We asked the respondents about the type of medical institution they accessed their healthcare from. Below is the summary of responses. Most respondents only access health care facilities when they were feeling sick or had a medical emergency, while some accessed health care facilities for HIV related tests and care, contraceptives, or cervical cancer checks. In general, across all the questions, Indigenous or Traditional health care providers were the least visited facility. Respondents selected public health care (38%), and (8%) selected Non-Governmental Organization (NGO) health care and the largest number of respondents (47%) Private health care for check-ups when they felt sick. For emergency care, respondents selected mostly public health care (19%) and private healthcare (15%). A maximum of 2% accessed health care after a sexual assault, while 4% indicated they accessed private health care after a physical assault. Across the 3 most preferred health care providers, 8% of the respondents indicated they accessed Non-Governmental Organization health care; 22% private health care and public health care (13%) for HIV testing, but only a total of 1% across the different service providers accessed HIV Care and treatment. 22% of participants accessed private health care, 16% public health care and 10% Community based health care for other STIs. A maximum of 7% of the respondents accessed facilities for mental health care conditions. 7% visited health care facilities to obtain barriers such as condoms, while a maximum of 16% made use of any of the facilities for contraceptives. 5% of respondents went for breast cancer check-ups at a public health care facility while 8% accessed the same at a private health care facility. 18% accessed private health care facilities for cervical cancer checks (pap smear) and lower percentages at other types of healthcare facilities.

Figure 18: Access to health care services



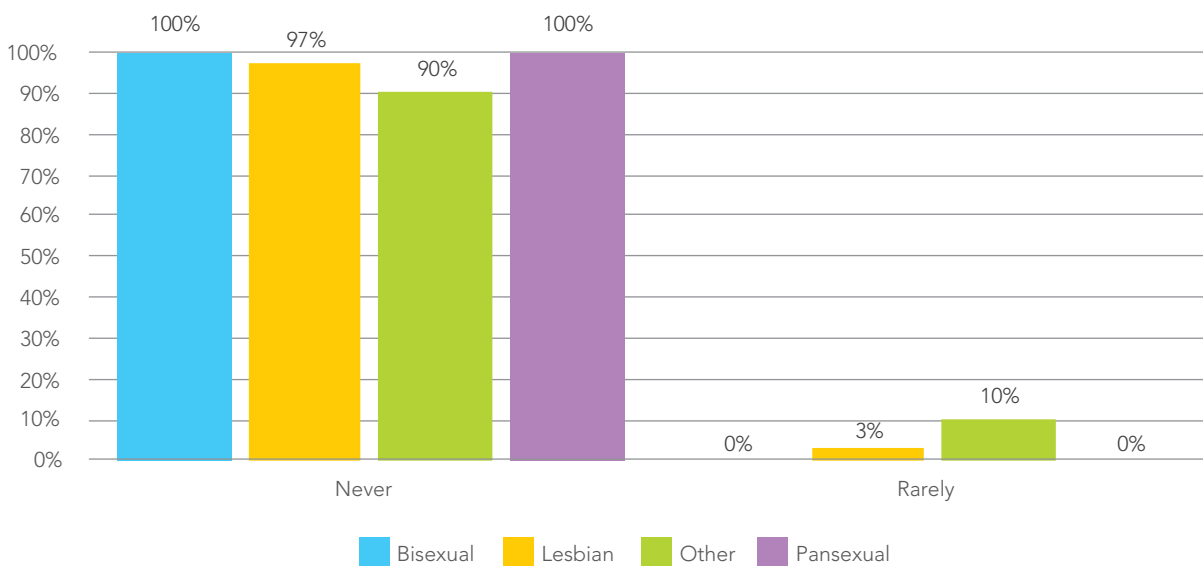


SECTION 2B: HEALTH SERVICE BARRIERS

We explored with the respondents about disclosure and the assumption of being perceived as lesbian, bisexual, queer or trans masculine. There were 57% persons who indicated that they had disclosed their sexual orientation or gender identity to a health staff member while 43% said that they had not. Of these there were 67% of the lesbians, 52% of the pansexuals. There were 39% that had disclosed at a non-governmental or community facility. When asked if a healthcare staff member had made assumptions of their sexual orientation or gender identity, 46% said “yes” while 54% said “no”.

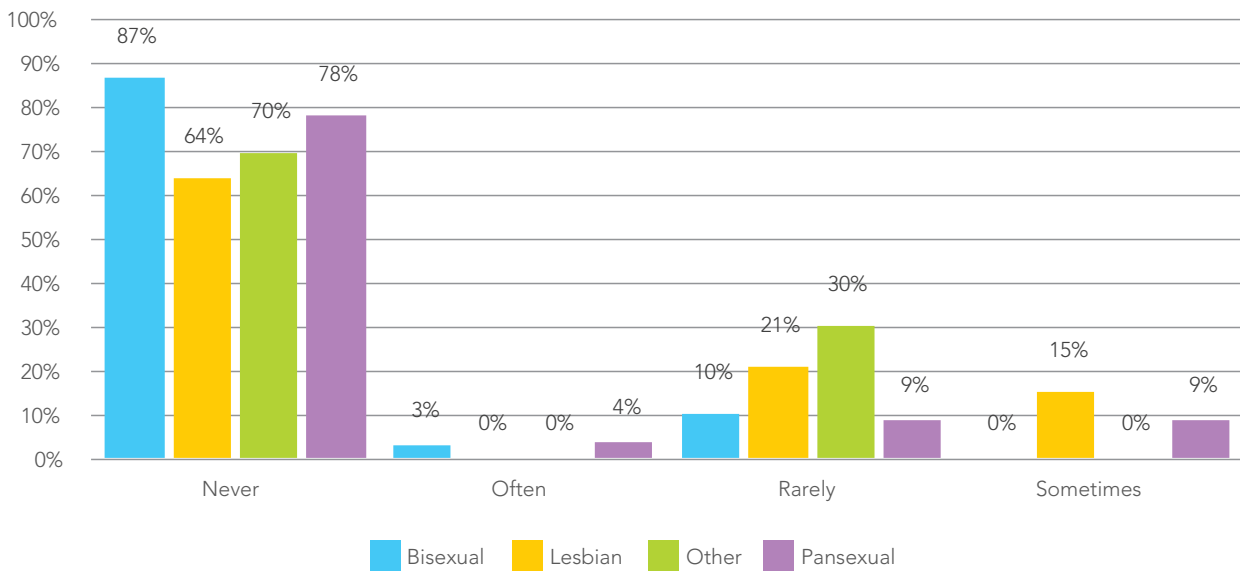
When we asked about the barriers they experience when they accessed healthcare services, 98% responded that they never had a health care staff member threaten to call the police or a law enforcement agent because they were lesbian, bisexual, queer or a trans man.

Figure 19: Health service barriers – threatened to call the police, by frequency and sexual orientation



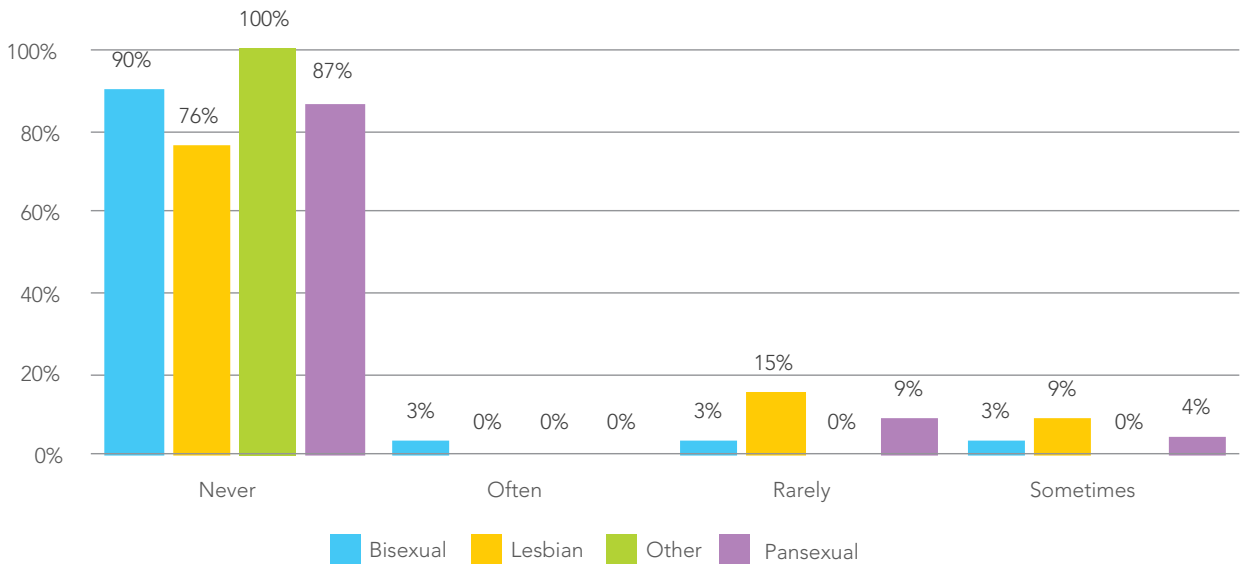
There were 75% of the respondents that indicated they “never” received poorer service than others because they were lesbian, bisexual or trans masculine while 15% indicated “rarely”.

Figure 20: Health service barriers – poorer service, by frequency and sexual orientation



When we asked how often they had been called names or insulted by health care staff because they were lesbian, bisexual, trans masculine, 86% responded “never”, 8% said rarely, while 5% indicated “sometimes”.

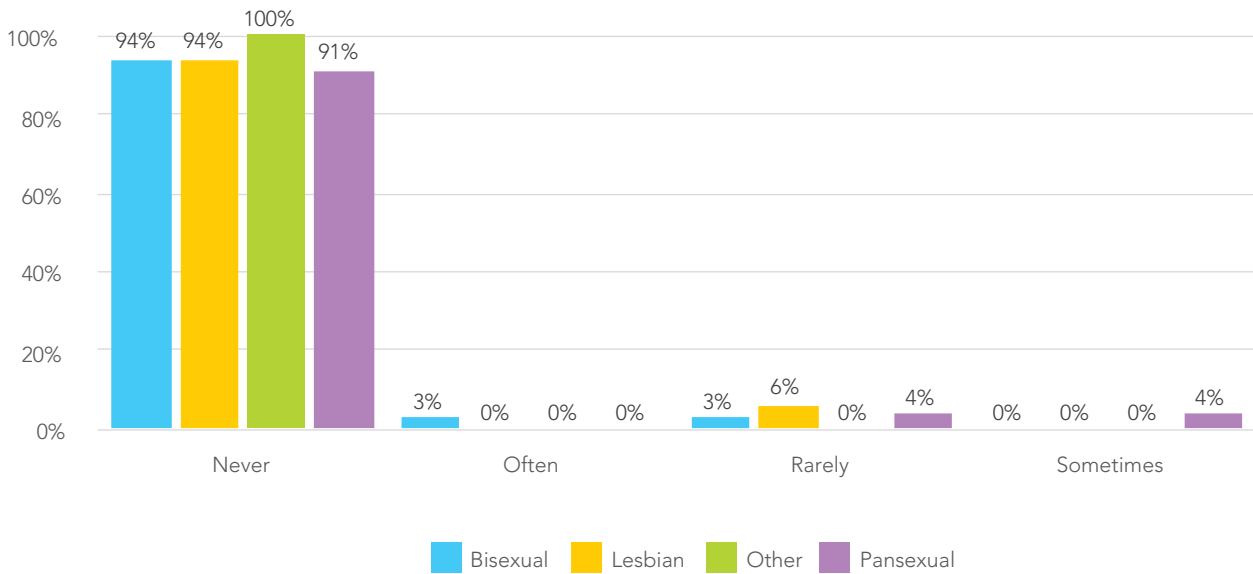
Figure 21: Health service barriers – called names or insulted, by frequency and sexual orientation



94% of respondents indicated “never”, when we asked them how often they thought health care staff denied them service because of their sexual orientation or gender identity, while 4% said “rarely” and 1% selected “sometimes”.



Figure 22: Health service barriers – denied service, by frequency and sexual orientation

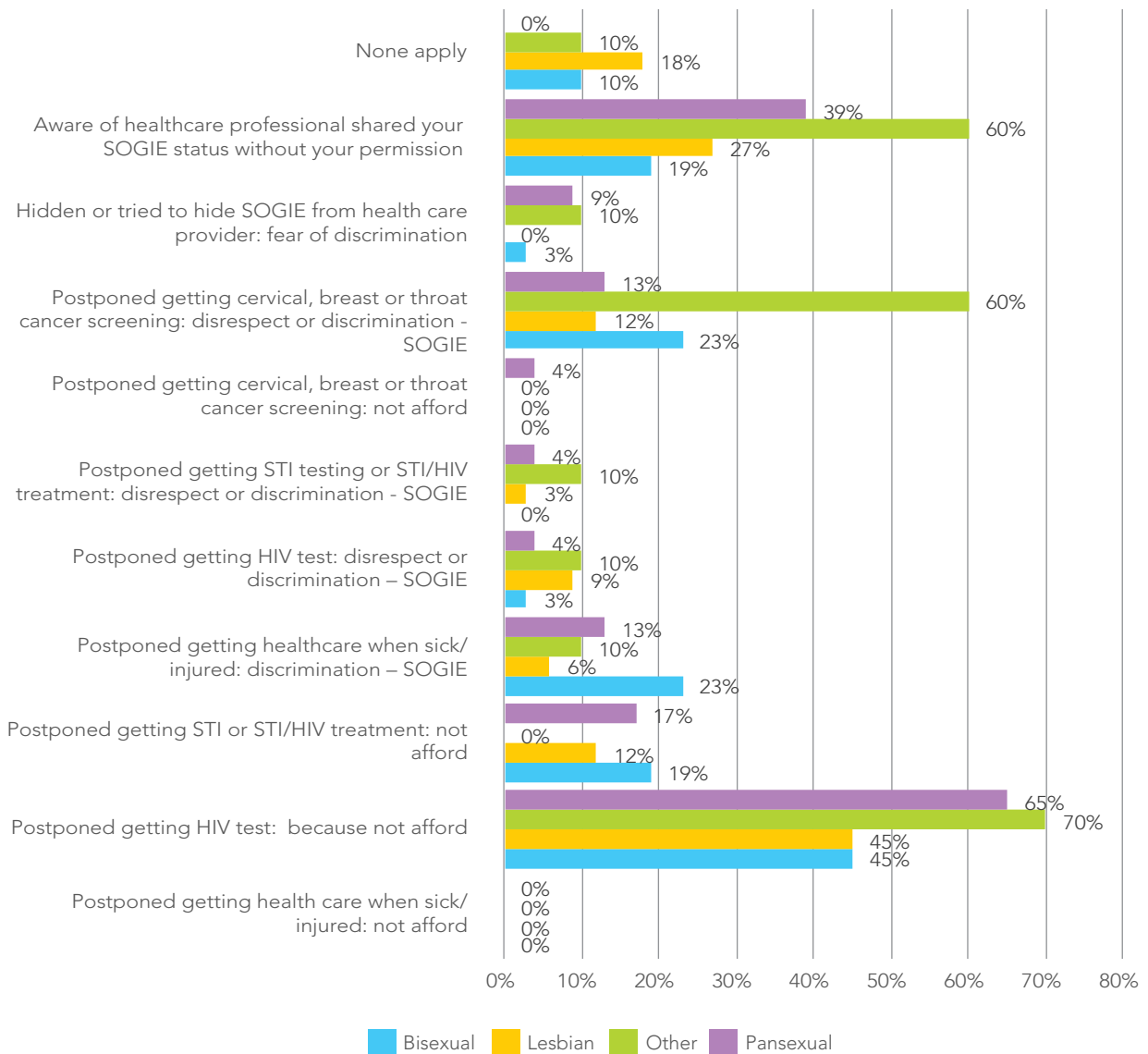


However, the experience of persons who identified as trans or gender nonconforming oftentimes were increased by the amount of challenges, “...it is not uncommon for me to hear Caribbean Transgender people speak of negative experiences at healthcare institutions. Many persons often recount ordeals [...] and even being subjected to on-the-spot preaching and judgmental reproach from nurses and doctors when it is revealed that they engage in sexual intimacy with persons of the same sex or both sexes. [...] oftentimes the stigma inflicted by health care workers is rooted in the belief that one is “tampering with God’s creation” by transitioning to live as the sex or gender not assigned at birth. The resulting discomfort, which many Trans and Intersex people face, will result in a reluctance to seek medical attention unless it is absolutely unavoidable, such as in a life-or-death situation.” (D’Marco, 2020)

SECTION 2C: THE IMPACT OF PREVIOUS EXPERIENCES ON HEALTH SEEKING BEHAVIOR

No one postponed or avoided seeking health care when they were sick or injured because they could not afford it. There were a total of 43% who said that they had postponed or tried not to get HIV testing because they could not afford it, and 14% did not get STI testing because they could not afford it. There were 13% who indicated that they had postponed avoided accessing s healthcare when they were sick or injured because of disrespect or discrimination because they identified as lesbian, bisexual, queer or trans man from doctors or other health care providers. When asked if they had postponed or not tried to get cervical, breast or throat cancer screening because of disrespect or discrimination because they identified as lesbian, bisexual, queer or a trans man from doctors or other health care providers, 21% said “yes”.

Figure 23: Impact of previous experiences on health seeking behavior, by sexual orientation



SECTION 2D: TRANS-RELATED HEALTH CARE NEEDS

There were only 7 [n] persons who responded to this part of the survey.

Medical Transition

When we asked if they wanted to use hormones, 6 [n] replied no, and automatically skipped out to the next question, about surgical transition. 1 [n] person wanted to use hormones, but do not know where to find it.

Surgical Transition

We asked respondents if they wanted surgery and presented various answers to select from, 3 [n] of the 7 [n] respondents did not want any surgery. 1 [n] person wants surgery, but will never be able to get it, while 2 [n] responded that they want surgery, but I can't afford it. 1 [n] of the participants plan to have top surgery.

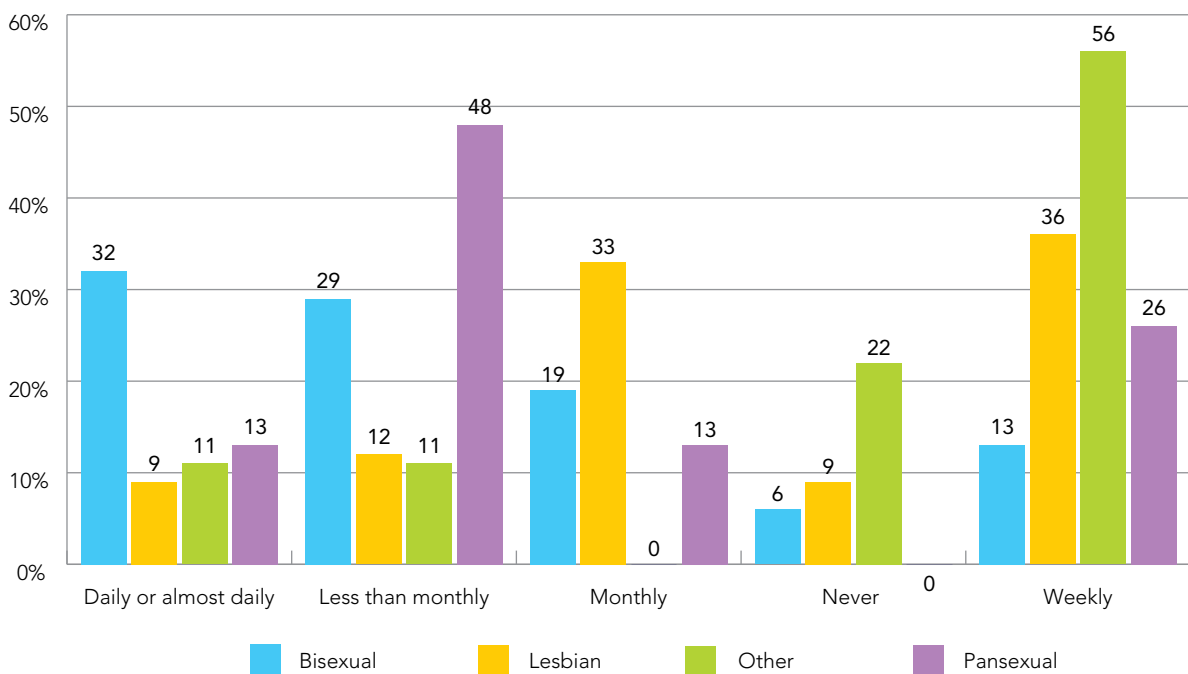


SECTION 3A: ALCOHOL

Of the 96 respondents who responded to the question how often they had a drink containing alcohol, 7% indicated “never” and were encouraged to go to the next section. The remaining set of questions were answered by 89 [n] respondents. There were 2% who drank daily or almost daily, and 16% who drank weekly.

We asked participants about alcohol use, and there were 16% that indicated that they had 6 drinks or more on one occasion on a weekly base, while 2% responded daily or almost daily. There were also 4% of the respondents that indicated that a relative, friend, doctor or other health care worker had been concerned on a regular base, about their drinking or suggested to them to cut down.

Figure 24: Frequency of a drink containing alcohol?



SECTION 3B: DRUGS

In terms of drug use (which included cannabis, amphetamines, cocaine, opiates, hallucinogens, solvents/inhalants, GHB), the respondents were asked how often they used drugs other than alcohol. There were 49% or 47 [n] who said that they never used drugs. There were 49 [n] persons who continued to answer the remaining questions about drug use. There were 37% who said daily or almost daily, while 16% said weekly. This could be because they are more readily available or because it provides a quick, temporary reprieve from the emotional impacts of living in a homophobic society. 18% indicated that they were under heavy influence, daily or almost daily and 16% said weekly. There were 80% who said that they never had a feeling of guilt or a bad conscience because of their drug use. When we asked if they or someone else had been hurt (mentally or physically) because of their use of drugs, 90% indicated “never”.

Figure 25: Frequency of drug use

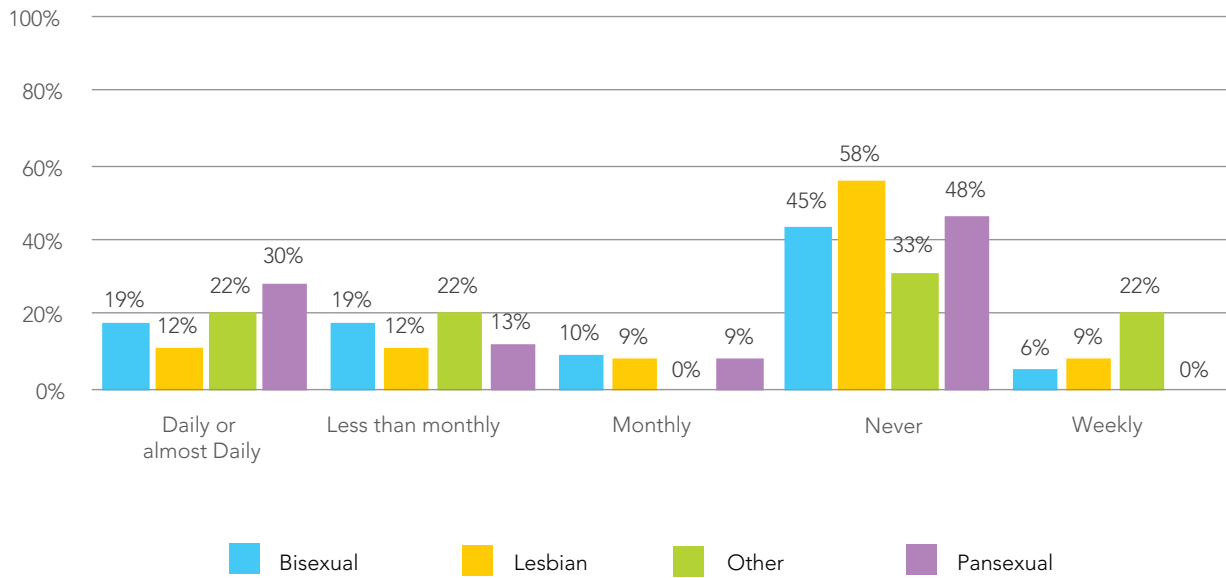
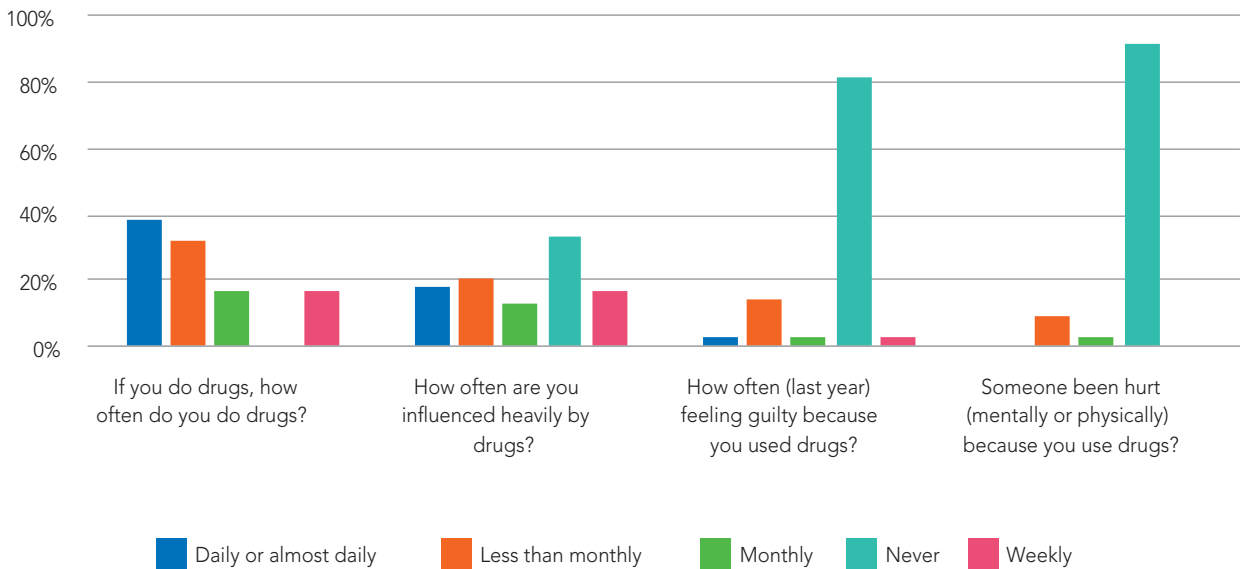


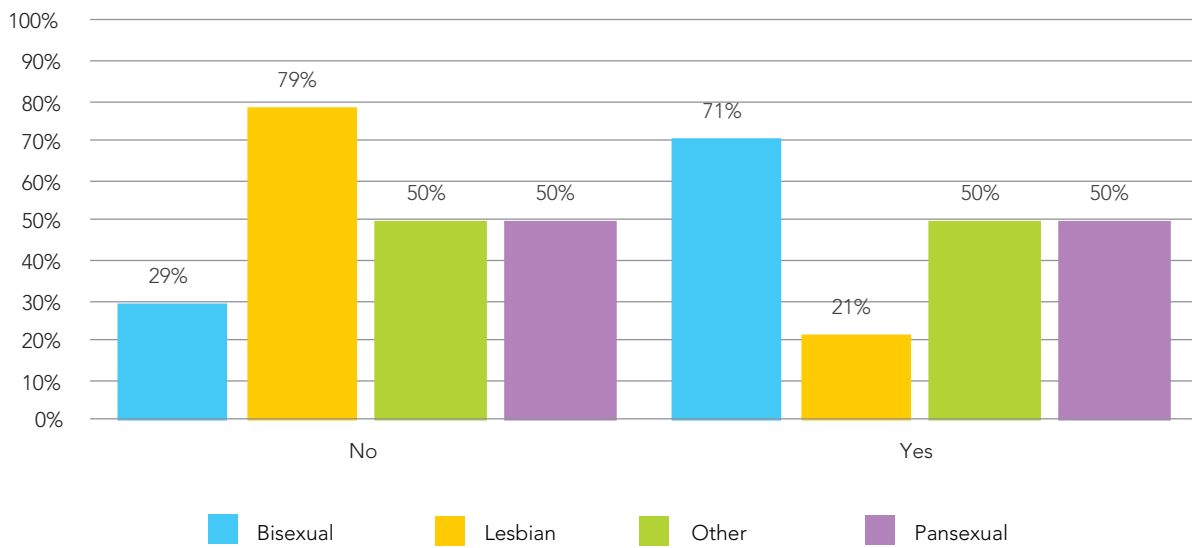
Figure 26: Drug use



When asked if a relative, friend, doctor or other health care worker was concerned about their drug use, 49% of the persons that use drugs said “yes” while 51% said “no”.



Figure 27: Someone concerned about your drug use



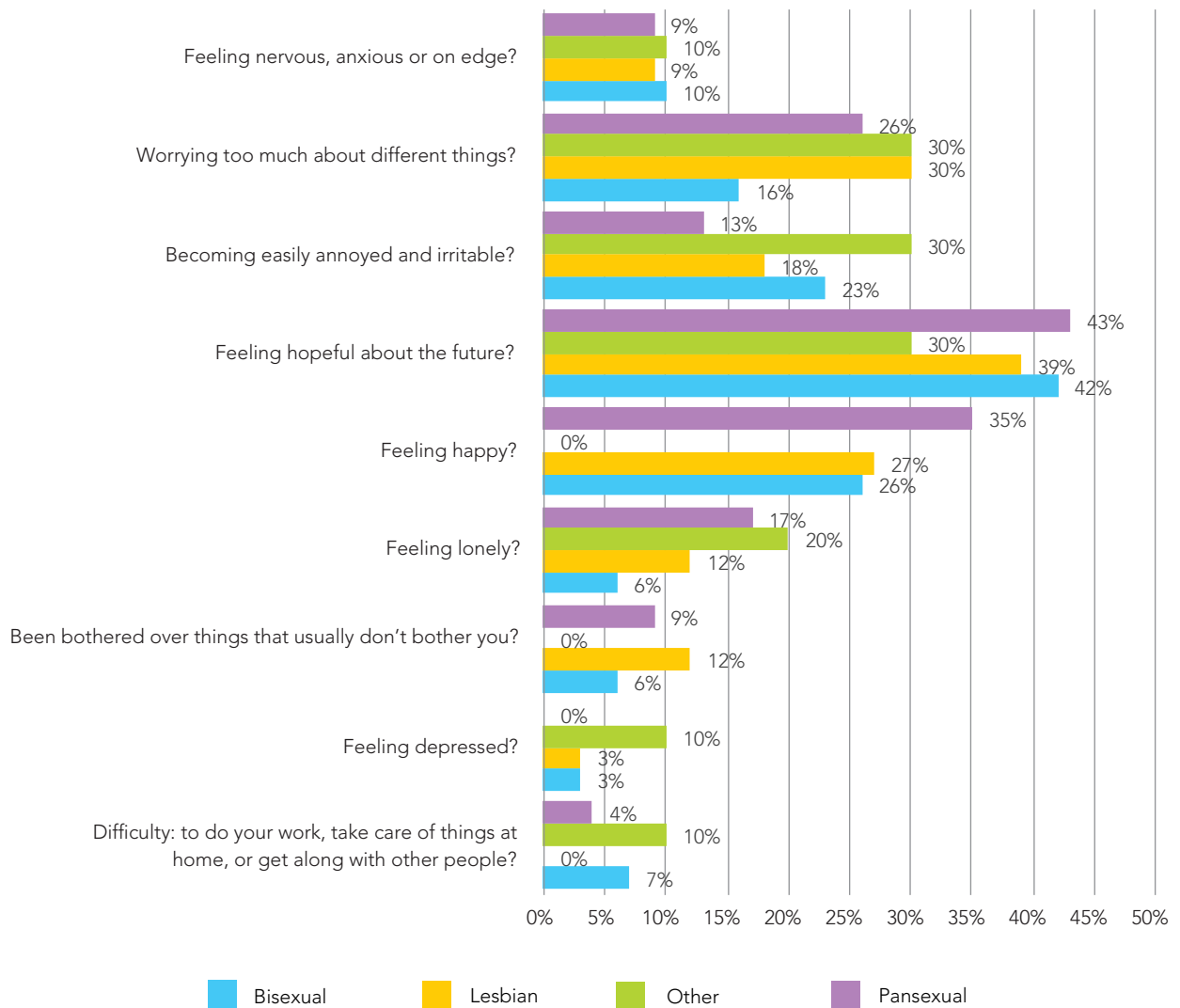
SECTION 3C: DEPRESSION AND ANXIETY

When asked about feeling nervous, anxious or on edge, 38% indicated that they felt nervous, anxious or edge all of the time or occasionally. (Combined responses from “All of the time” and “Occasionally”. The same question across the 8 countries in this study resulted in 61%. There were 28% who said that they rarely or none of the time felt nervous, anxious or on edge. When asked about if they worried too much about different things at different times, 50% stated that they worried all of the time or occasionally. Of the 97 respondents 44% indicated that they became easily annoyed and irritable all of the time or occasionally. There were 45% of the lesbians that responded to this question that became easily annoyed. We also asked the respondents if they were feeling hopeful about the future and in general across the participants 65% said that they feel “all the time” or “occasionally” hopeful about the future, while 67% replied the same, on the next question about feeling happy. There were 33% respondents who said that they were feeling “all of the time” or “occasionally” lonely.

Of the 97 respondents, 23% indicated that they felt bothered over things that usually didn’t bother them. There were 8% that indicated that they were bothered all of the time. Of the total respondents, 52% indicated that they rarely or none of the time felt depressed. There were 48% that indicated that they did at some point. Of the respondents that felt depressed there were 3% that indicated that they felt depressed all of the time. The respondents were asked to indicate how difficult the above-mentioned emotional states had made it difficult to do their work, take care of things at home or get along with other people and 49% indicated that these have affected them rarely or none of the time.

“Access to Mental Health services is mostly nonexistent unless you have the financial means to access this service privately. In the Caribbean, Trans people are the lower priority and receive substandard care. Healthcare workers often blame Trans people for their health problems and deny them services. Service providers have not only failed to meet the specific needs of Trans people in the Caribbean but also discriminate against them when they seek services”. (D’Marco, 2020).

Figure 28: Depression and Anxiety by Sexual Orientation – All the time & Occasionally



When asked if a health provider ever told them that they had clinical anxiety, 29% said “yes”. That is higher than the overall research across the 8 countries, to which a total of 3% replied “yes”. When asked if a health provider ever told them that they had clinical depression, 20% said “yes”. Of those that indicated that a health care provider has told them that they had clinical anxiety or depression, 37 persons responded, 51% indicated that they were not being treated with medication or therapy while 49% indicated that they were being treated.



Figure 29: Diagnosed with clinical anxiety or depression, by sexual orientation

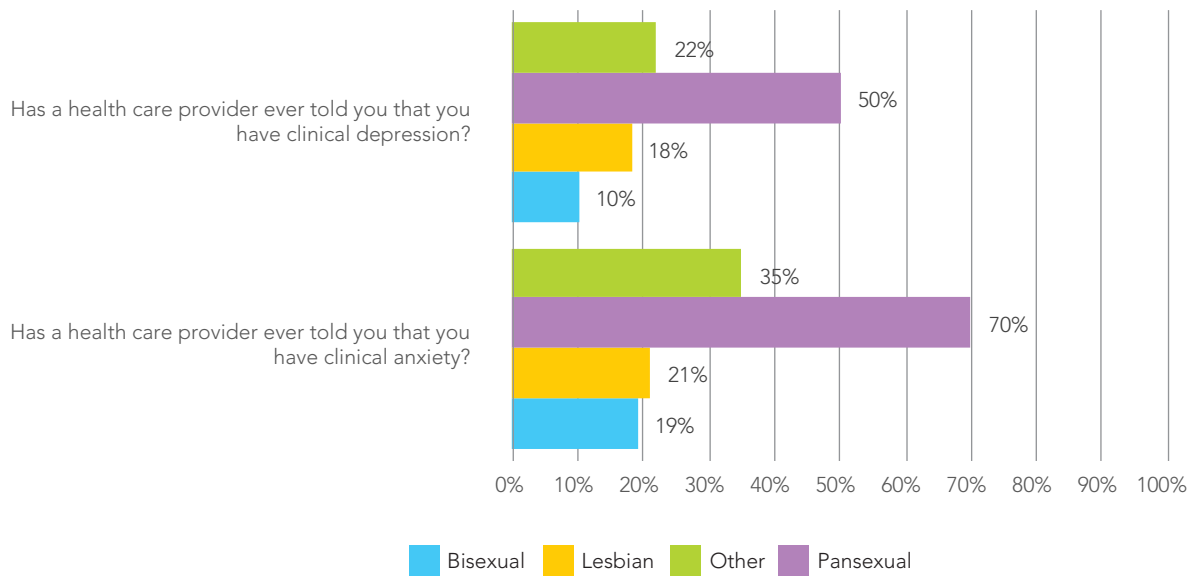
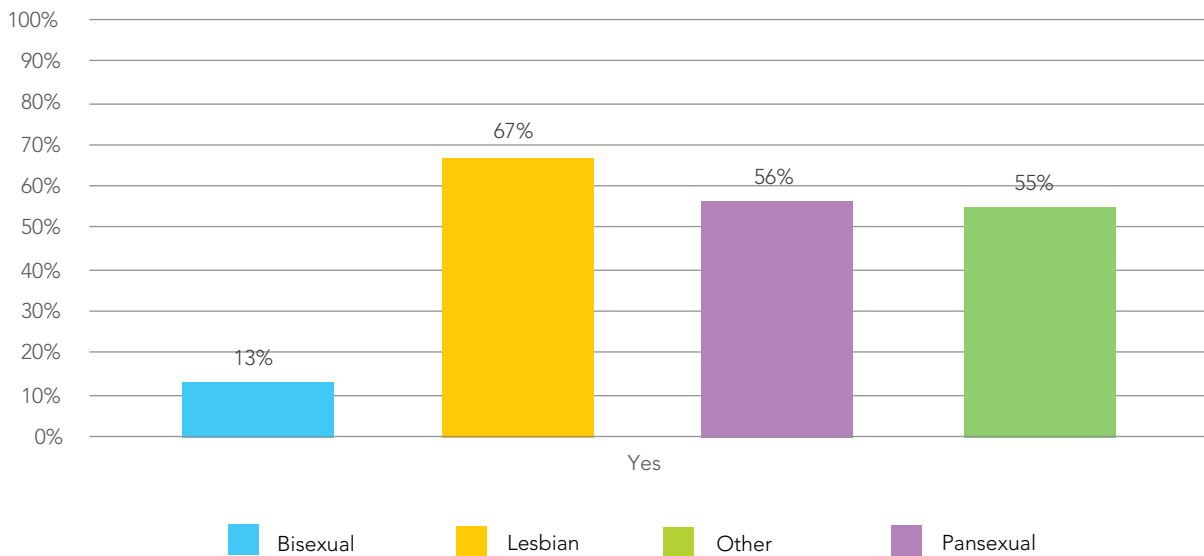


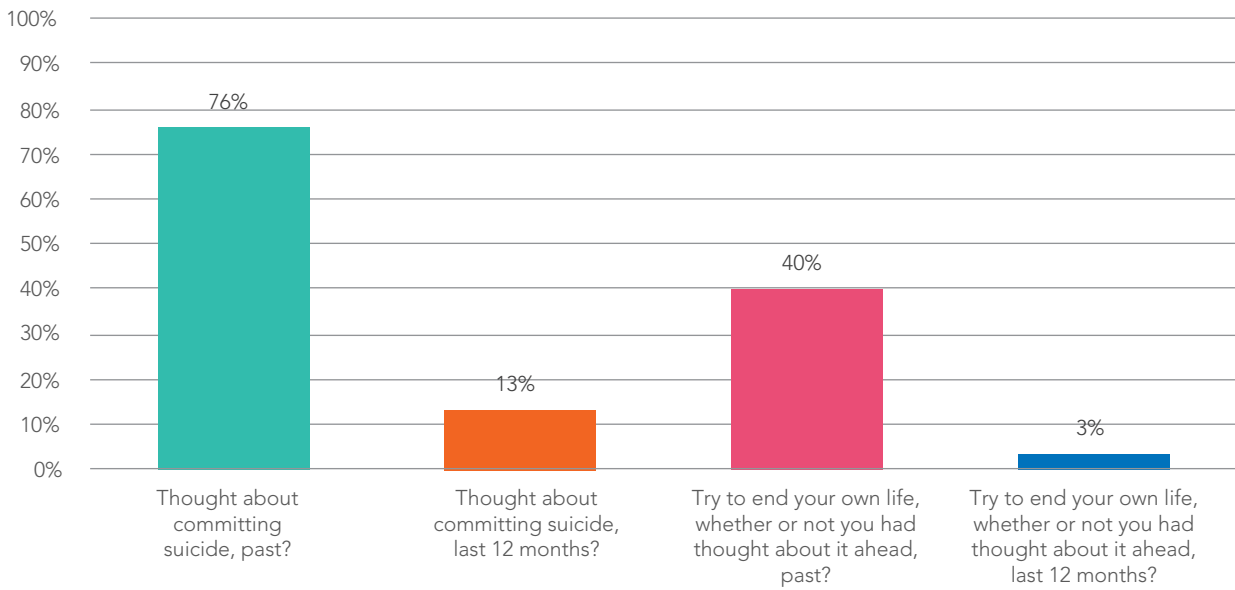
Figure 30: Treated for clinical anxiety or depression, by sexual orientation



SECTION 3D: SUICIDE

When asked if there was ever a period of time when they thought about committing suicide in the past, 76% said “yes”. The majority that said “yes” were pansexual (87%) followed by those who identify as other (80%), lesbians (73%) and bisexuals at 70%. When asked if they ever considered committing suicide over the past 12 months, 13% of the respondents said “yes”. When asked if they had ever tried to end their own life, whether or not they thought about it ahead or not in the past, 40% said “yes”. There were 3% of the respondents who said that they tried to end their own life in the past 12 months.

Figure 31: Suicide, in the past

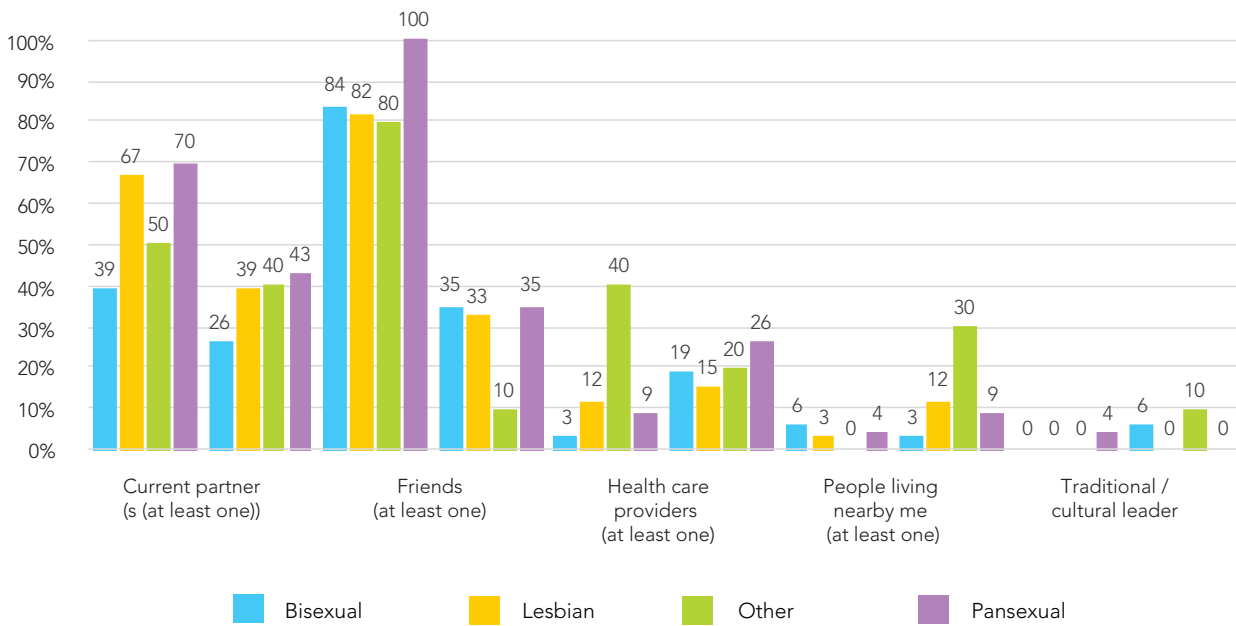


SECTION 3E: SOCIAL SUPPORT

When asked if they had a current partner that they could go to when they needed to talk about some problems related to being lesbian, bisexual, queer or a trans man, 55% said "yes." Of the bisexuals, 39% said "yes". Of the lesbians 67% said "yes." Of the pansexual 70% said "yes". When asked if they had a family they could go to, 36% said "yes." Of the bisexuals, 26% said "yes", while 39% of the lesbians said "yes." When asked if they had friends (at least 1) they could talk to, 13% of the respondents said "no" while 87% said "yes." Of the bisexuals, 84% said "yes". Of the lesbians, 82% said "yes." Of the pansexual only 100% said "yes", while of the "others" 80% "yes". When asked if they had people, they lived with that they could talk to (at least 1), 32% said "yes."



Figure 32: Social support – someone to talk to

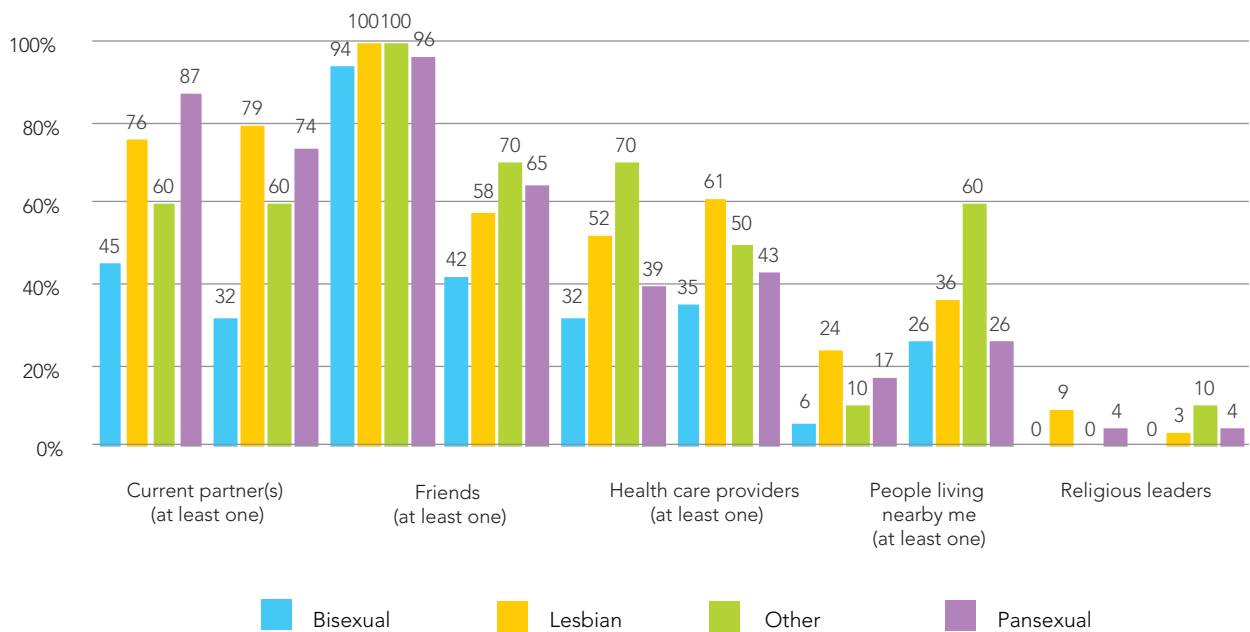


Of the total respondents, across the 8 countries in this study, 94% said that they did not have health care providers they could talk to about problems related to their sexual orientation or gender identity while 89% of the respondents in Barbados said the same. Of those that said yes in Barbados, there were 9% of the pansexual, 12% of the lesbians and only 3% of the bisexuals – on the other hand there were 40% of the respondents who identify as other who indicated that they could talk with a health care provider. There were 4% of the respondents, who said that they did not have people living near them that they could talk to. When asked if they belong to a LGBTIQ organization where they could talk about their problems that related to their sexual orientation or gender identity, 90% said “no” while 10% said “yes”. There was no one (0%) who said that they had a religious leader/s they could talk to when they had problems related to their sexual orientation and identity. There were also 99% who said that they did not have a traditional or cultural leader they could talk to about their problems that related to their sexual orientation or gender identity. There were 3% who said that they had no one to talk to about their problems.

In a recent study that was released in Guyana- Desires for care and access to services among transgender persons, research participants felt that factors that contributed to their adaptation and sense of belonging in community and day to day lives included “having education or work environments that have non-discriminatory policies, supportive families, teachers and organizations (Rambaran & Hereman, 2020).

We asked who in their life knew that they were lesbian, bisexual, queer or a trans man? There was no one (0%) who said that no one knew. When asked if their current partner or partners know that they are lesbian, bisexual, queer or a trans man, there were 33% who said that their partners/partner did not know.

Figure 33: Social support – who have you told?



There were 1% who said that their friends did not know of their sexual orientation or gender identity. For many LBQ and Trans masculine persons, family as a unit and as a holding space, are not a place of comfort or support. When asked if their family knew that they were lesbian, bisexual, queer or a trans man, there were 21% who said that their family did not know.

It is not always easy to be out, with the people where lesbian, bisexual women and trans masculine people stay. That obviously removes another safety net if a person cannot be their authentic self at home, the place where you usually need to find comfort. There were 33% who said that the people they lived with did not know of their sexual orientation or gender identity. On the other hand, 47% of their health care providers did not know of their sexual orientation or gender identity. There were 35% who said that the people they worked with did not know of their sexual orientation or gender identity. When asked if people living near them knew of their sexual orientation and gender identity, 60% said no.

There were 63% who said that persons at an LGBTIQ organization did not know of their sexual orientation or identity. When asked if religious leaders knew about their sexual orientation or gender identity 88% of the respondents said “no”, while 95% of the respondents said that no traditional or cultural leader knew of their sexual orientation or gender identity.

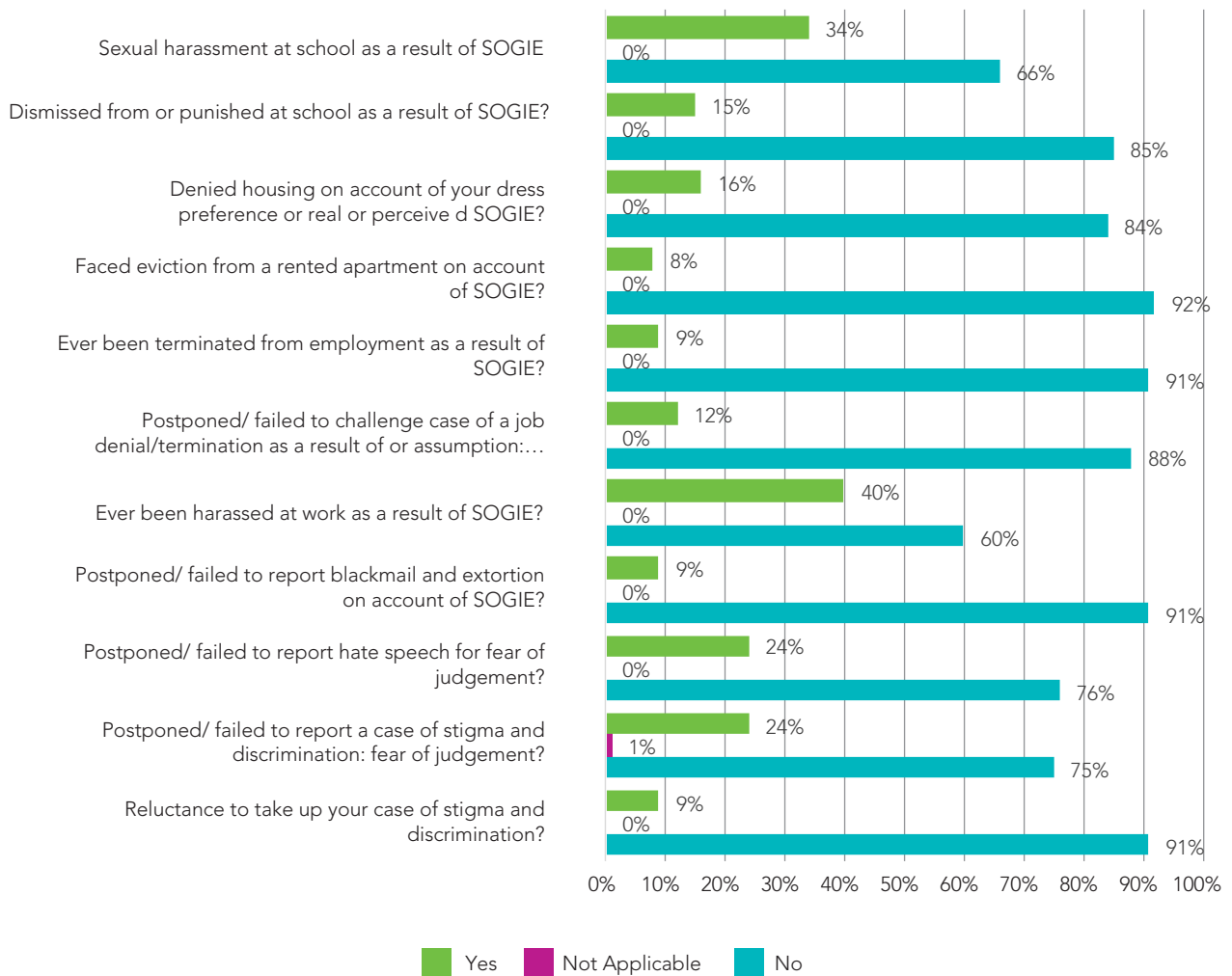
Of those who responded that told someone knew about them being lesbian, bisexual, queer or trans masculine respondents completed questions in varied frequencies. There were 67% who told themselves their partner(s), while 61% told family members or at least one family member, while nearly all (97%) told their friends. 56% told at least one person they lived with and 15% told someone who lived nearby. There were 44% who shared their SOGIE status with a health care provider and 47% with someone at their work. There were 33% who shared this information with a LGBTIQ organization. Only 4% shared with a religious leader and 3% with a traditional or cultural leader.



SECTION 3F: EXPERIENCE OF STIGMA AND DISCRIMINATION AND HATE SPEECH

Respondents were asked if they had disclosed being lesbian, bisexual, queer or trans masculine to law enforcement agencies/agents/human rights groups when they experienced stigma and discrimination and the majority 87% said “no” while there were 13% who said “yes”. 90% of the bisexuals said “No” while 82% lesbians and 91% pansexual also said “no”.

Figure 34: Stigma, Discrimination and Hate Speech



91% of the respondents indicated that the law enforcement agent/agency or human rights group were not reluctant to take up their case of stigma and discrimination. This included police, army, mainstream human rights institutions, government paralegal or human rights officers.

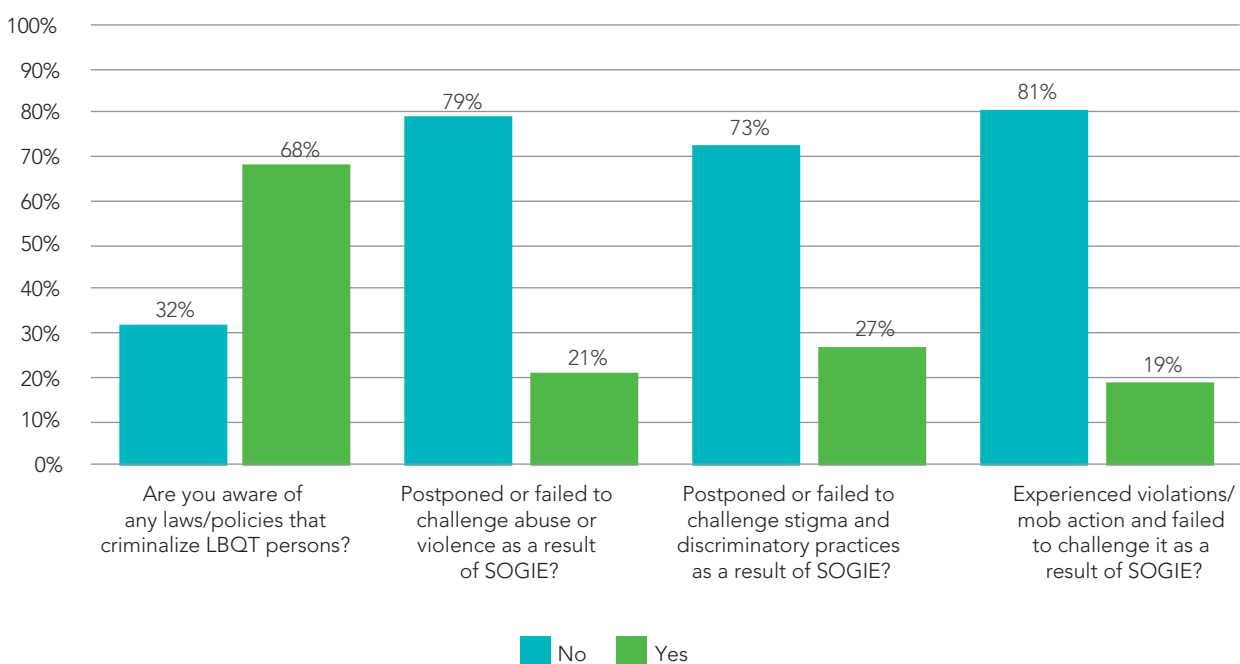
While reluctance to report cases might find its basis from internalized homophobia, lesbophobia or transphobia, the consequences of not reporting cases leaves a person with unresolved issues, anxiety or eventual depression.

24% of the respondents indicated that they had postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agency/agent or human rights group. Similarly, 24% of the respondents indicated that they had postponed or failed to report hate speech by media, family member of general public to law enforcement agent/agency for fear of judgement. 9% of the respondents indicated that they had postponed or failed to report a case of blackmail and extortion on account of their sexual orientation or gender identity to law enforcement agent/agency or human rights groups. 40% indicated that they have been harassed at work as a result of their real or perceived sexual orientation or gender identity, however 12% stated that they postponed or failed to challenge case of a job denial/termination as a result of/ on assumption about their sexual orientation or gender identity. There were 9% who indicated that they have terminated from any employment because of their SOGIE. While 8% said that they faced eviction from a rented apartment, 16% feel they were denied housing on account of their dress preference or real or perceived sexual orientation and gender identity. There were 15% who have been dismissed from or punished at school because of their real or perceived sexual orientation or gender identity.

SECTION 3E: EXPERIENCE OF RIGHT VIOLATION

There were 68% who indicated that they were aware of laws and policies that criminalize LBQT persons. There were 32% of people who said that they were not aware. There were 21% of the respondents who indicated that they had postponed or failed to challenge abuse or violence as a result of their knowledge of the existence of discriminatory law/policies. There were 27% of the respondents who indicated that they had postponed or failed to challenge stigma and discriminatory practices because of their knowledge of the existence of discriminatory law/policies. There were 19% who said that they had experienced violations/ mob action and failed to challenge it because of their knowledge of the existence of discriminatory laws/ policies.

Figure 35: Experience of right violation





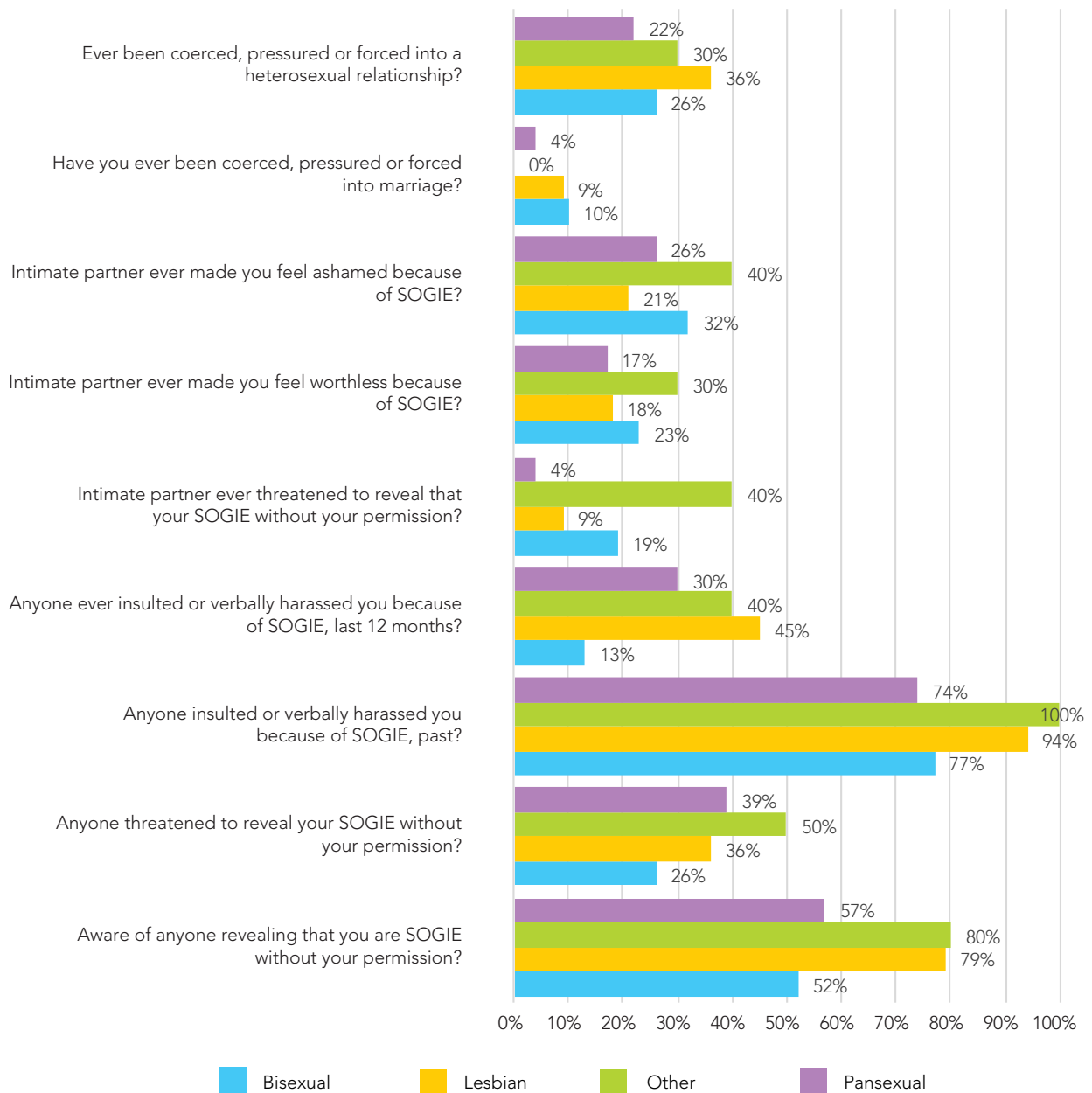
SECTION 4: EXPERIENCE OF VIOLENCE AND INFRINGEMENT ON RIGHTS

When asked if they were aware of anyone ever revealing that they were lesbian, bisexual, queer or a trans man without their permission, 65% said “yes”. There were 35% who stated that they had been threatened to reveal their sexual orientation or gender identity. 85% of the respondents indicated that they had been insulted or verbally harassed because of their sexual orientation or gender identity. Of these there were 94% of the lesbians. 31% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity in the past 12 months.

A major issue for queer women is sexual assault meant to convert their sexual orientation. In 2016, Barbados’ foremost newspaper - The Nation, published a story about the rape of someone who was assigned female at birth but presented as masculine. This person may have been a lesbian woman or transgender man. The Nation exposed and poked fun at the horrific details of the sexual assault in the gossip column, as a joke. They referred to the rape as “male medicine”. After outcry, the article was removed from their website and they issued an apology to their readers, but not to the victim (*Barbados Nation, 2016, Saturday Sun*).

When asked if an intimate partner (past or current) ever threatened to reveal their sexual orientation or gender identity, there were 14% who said “yes”. 21% of the respondents indicated that an intimate partner (past or current) made them feel worthless because of their sexual orientation and gender identity. There were 28% of the respondents who indicated that in the past or current, an intimate partner shamed them for their sexual orientation or their gender identity. 7% of the respondents indicated that they had been coerced, pressured or forced into marriage. 29% of the respondents indicated that they had been coerced, pressured or forced into a heterosexual relationship. Of these, there were 22% of pansexual, 26% of bisexual and 36% of lesbian.

Figure 36: Experience of violence and infringement on rights



Sexual Assault

When asked if they had ever been sexually assaulted by an intimate partner of the same sex in the past, there were 13% of the respondents who said “yes”. Only 1% of the respondents indicated that they have been sexually assaulted by an intimate same sex partner in the past 12 months.

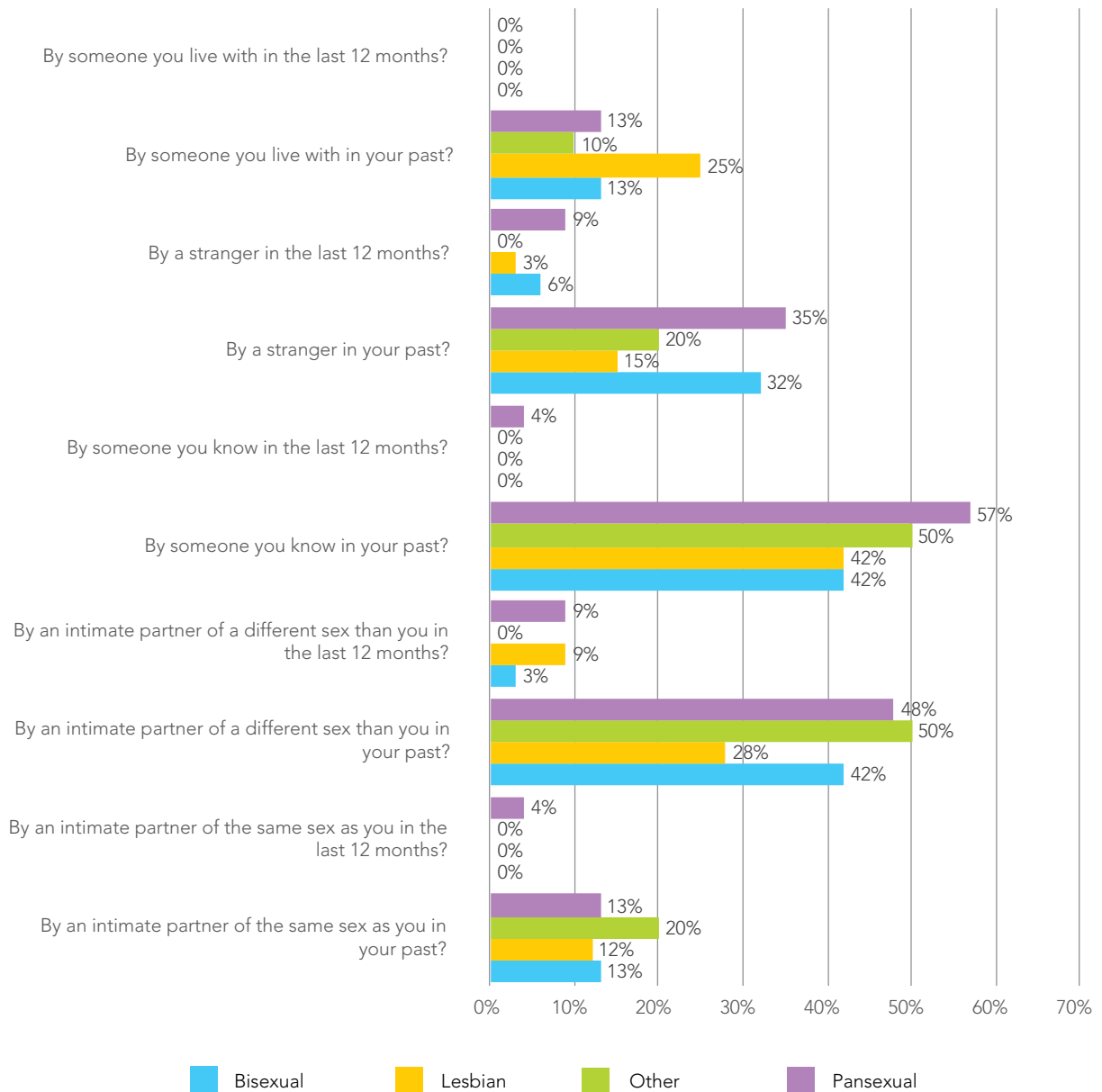
There were 40% of the respondents who indicated that they had been sexually assaulted by an intimate partner of a different sex in the past. This included 48% of pansexual, 42% bisexual, 50% of “other” and 28% of lesbians. 6% of the respondents indicated that they had been sexually assaulted by an intimate partner of a different sex in the past 12 months. There were 46% of the respondents who indicated that they had been sexually assaulted by someone they knew (who was not an intimate partner but a neighbor,



friend, family member etc.) in the past, while there were only 1% of the respondents who indicated that they had been sexually assaulted by someone they knew (who was not an intimate partner but a neighbor, friend, family member etc.) in the past 12 months.

There were 17% of the respondents who indicated that they had been sexually assaulted by someone they lived with, in the past, while no one had been sexually assaulted in the past 12 months by someone they live with. 26% indicated that they were sexually assaulted by a stranger in the past, and 5% by a stranger in the last 12 months.

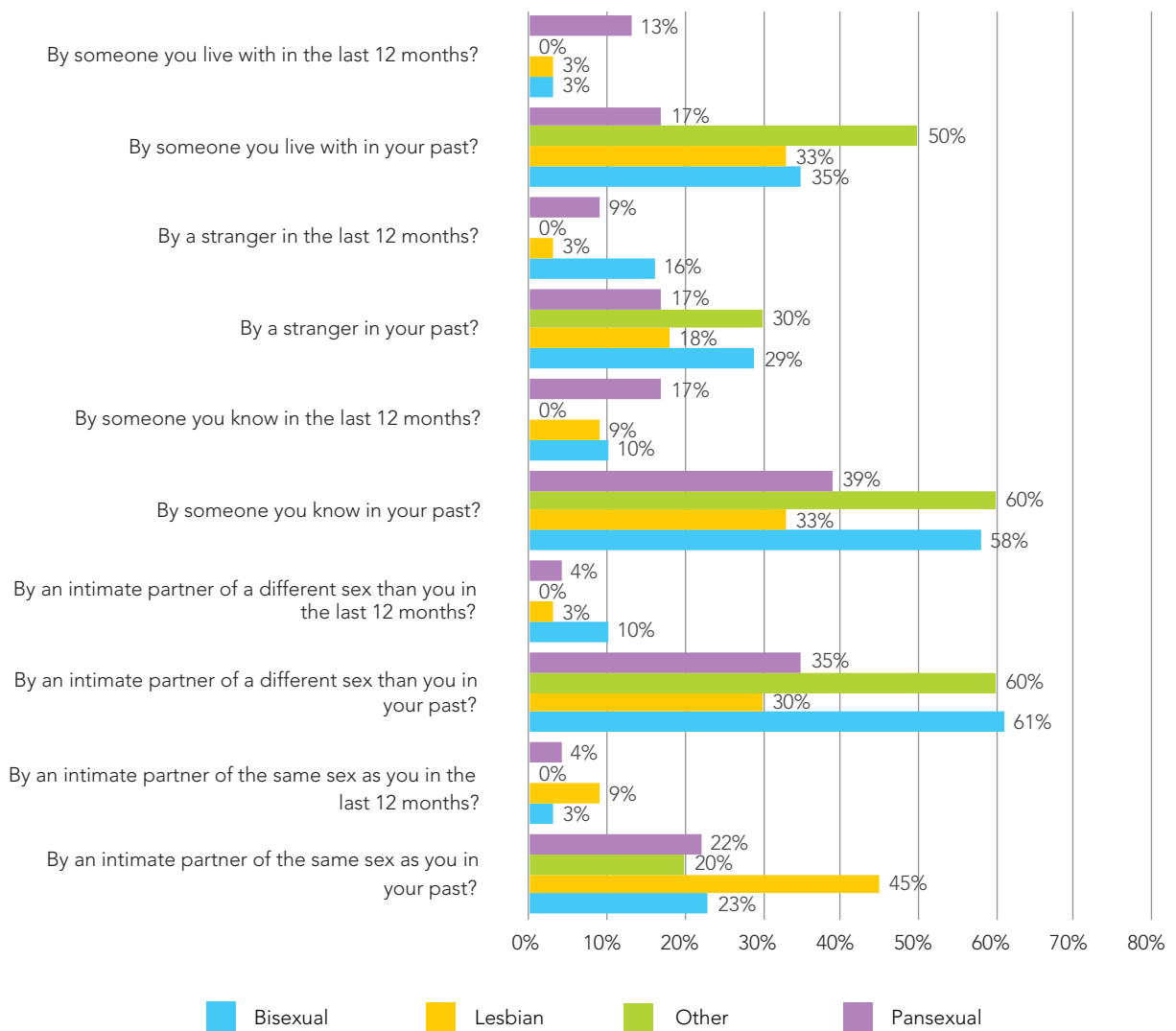
Figure 37: Sexual assault, by sexual orientation



Physical Assault

There were 30% of the respondents who indicated that they had been physically assaulted by an intimate partner of the same sex, in the past. This included 22% of pansexual, 23% bisexual, 20% of "other" and 45% of lesbians. On the other hand, 5% of the respondents indicated that they had been physically assaulted by an intimate partner in the past 12 months. When asked if they had been physically assaulted by an intimate partner of different sex in the past, 44% said "yes". Of these, there were 61% of bisexuals, 30% lesbians, 35% pansexual and 60% of "other". There were 5% of the respondents who indicated that they had been physically assaulted by an intimate partner of different sex, in the past 12 months.

Figure 38: Physical assault, by sexual orientation



There were 45% of the respondents who indicated that they had been physically assaulted by someone they knew (not an intimate partner but a neighbor, friend, family member) in the past. On the other hand, 10% of the respondents indicated that they had been physically assaulted by someone they knew other than their intimate partner, in the past 12 months. There were 23% of the respondents who indicated that they had been physically assaulted by a stranger in the past and 8% in the last 12 months. There were 32%



of the respondents who indicated that they had been physically assaulted by someone they lived with in the past and 5% of the respondents who indicated that they had been physically assaulted by someone they lived with in the past 12 months.

Motivation

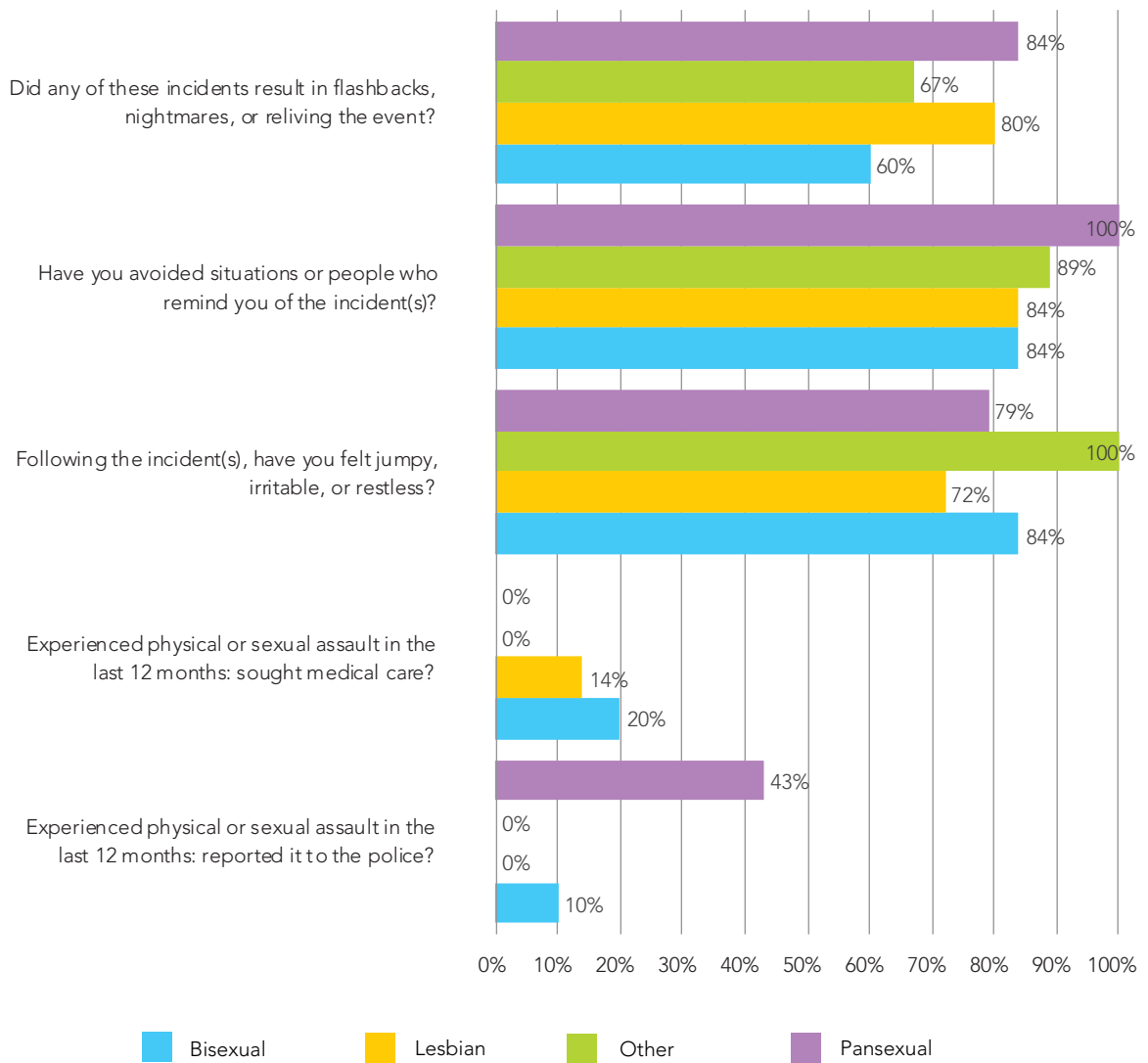
Only 78 respondents answered this section of the questionnaire. There were 31% of the respondents who indicated that they thought the sexual and physical assaults were motivated by their sexual orientation and 37% by their gender identity. There were 40% who indicated that the incidents happened because of their gender expression (how they presented themselves as masculine, feminine or both.)

Table 4: Motivation - assaults

Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?					
	Bisexual	Lesbian	Other	Pansexual	Total
Yes	4	10	4	6	24
	16%	40%	44%	32%	31%
Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?					
	Bisexual	Lesbian	Other	Pansexual	Total
Yes	8	8	7	6	29
	32%	32%	78%	32%	37%
Do you think any of these incidents (sexual or physical assault) happened because of your gender expression (how you present yourself as masculine, feminine or both)					
	Bisexual	Lesbian	Other	Pansexual	Total
Yes	8	11	5	7	31
	32%	44%	56%	37%	40%

When asked if any of the physical or sexual assault incidents resulted in flashback, nightmares or reliving the even, 73% said "yes". There were 88% who indicated that they avoided situations or people who reminded them of the incident. Of these, there were 100% of the pansexuals, 89% of the participants who identified as other, and 84% of both the lesbians the bisexuals. 81% of the respondents that had experienced physical or sexual abuse indicated that they felt jumpy, irritable or restless following the incident. Of the 24 persons that had experienced some form of sexual or physical assault in the past 12 months, 88% indicated that they did not seek any medical care for it, that resulted in 13% or 3 persons who did. There were 83% who stated that they did not report the incident to the police.

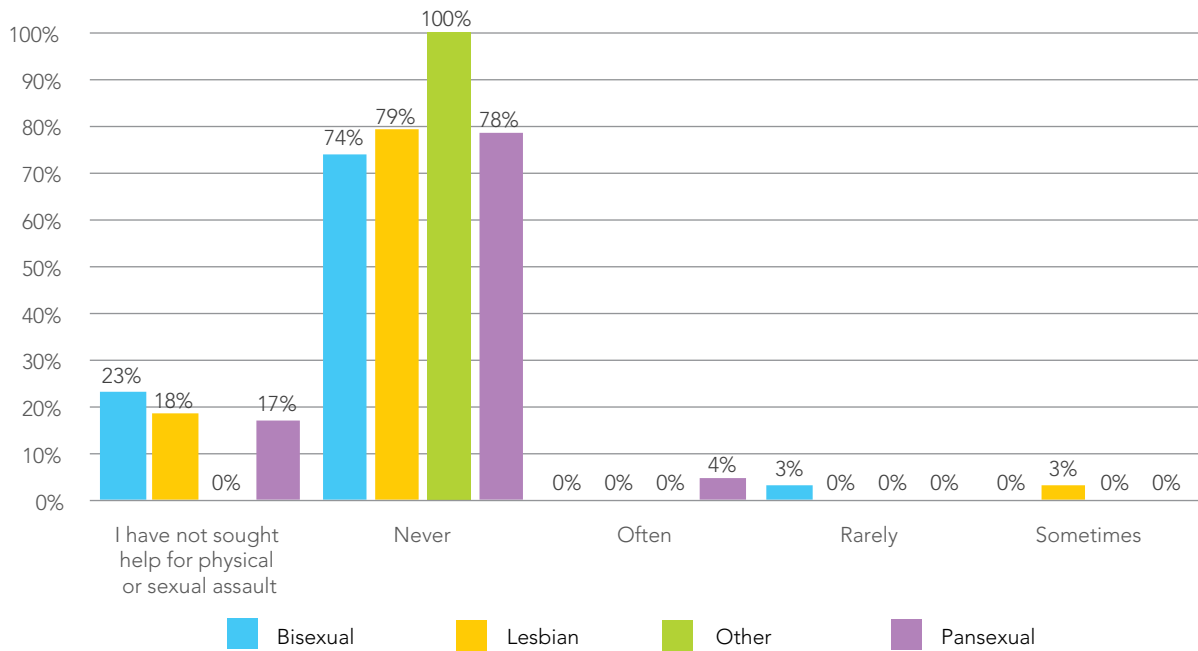
Figure 39: Impact after assault



When asked if they felt they had been treated with less courtesy than other people by police or health care staff for being LGBTQ, 79% said "never". There were 3% that said that they had been treated with less courtesy.



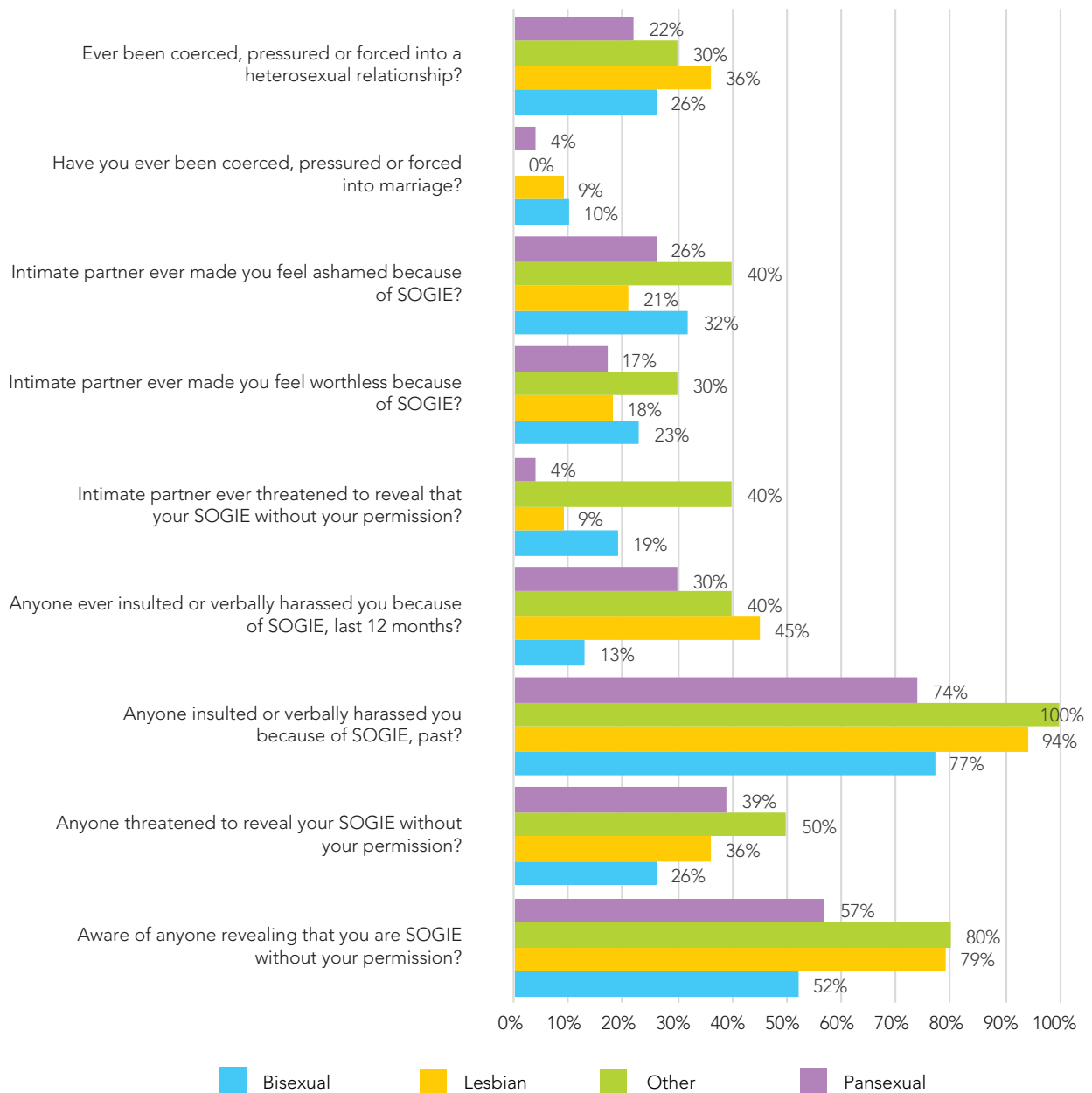
Figure 40: Treatment by police or healthcare staff, due to LGBTQ



SECTION 5: EXPERIENCES OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

There were 40% of respondents that had a child or children biological or other. When asked if they wanted a child or children 65% said “yes”, while 58% said that their partner wanted a child or children. When asked if they would consider adoption 68% said “yes”, while when asked if they would consider insemination (using sperm from a sperm bank) to get pregnant 51% said “yes”. We asked them if they would consider home-based or self-administered insemination (DIY/turkey baster method), 34% said “yes”.

Figure 41: SRHR Highlight: Family Planning



When asked if they were ever pregnant, 49% said “yes”, while there were 33% of the respondents who indicated that they had given birth. When asked if they ever needed an abortion, 35% of the respondents said “yes”, while 32% said that they had an abortion. With the similar question, across the 8 countries in this study, 17% indicated in total that they had an abortion.

The 8 countries in this study hold various positions, protection and abortion laws, therefore legal access to termination of pregnancies. Haiti, Jamaica and Suriname prohibit abortions altogether, regardless of reason. To preserve the health of the mother, abortions are accessible in Saint Lucia and Trinidad and Tobago. However, Belize and **Barbados permit termination of pregnancies on broader social and economic grounds** and in Guyana abortions are available on request. (Maitland, 2020). Some of the restrictions allowing abortions (outlined in the Medical Termination of Pregnancy Act 1983) oftentimes

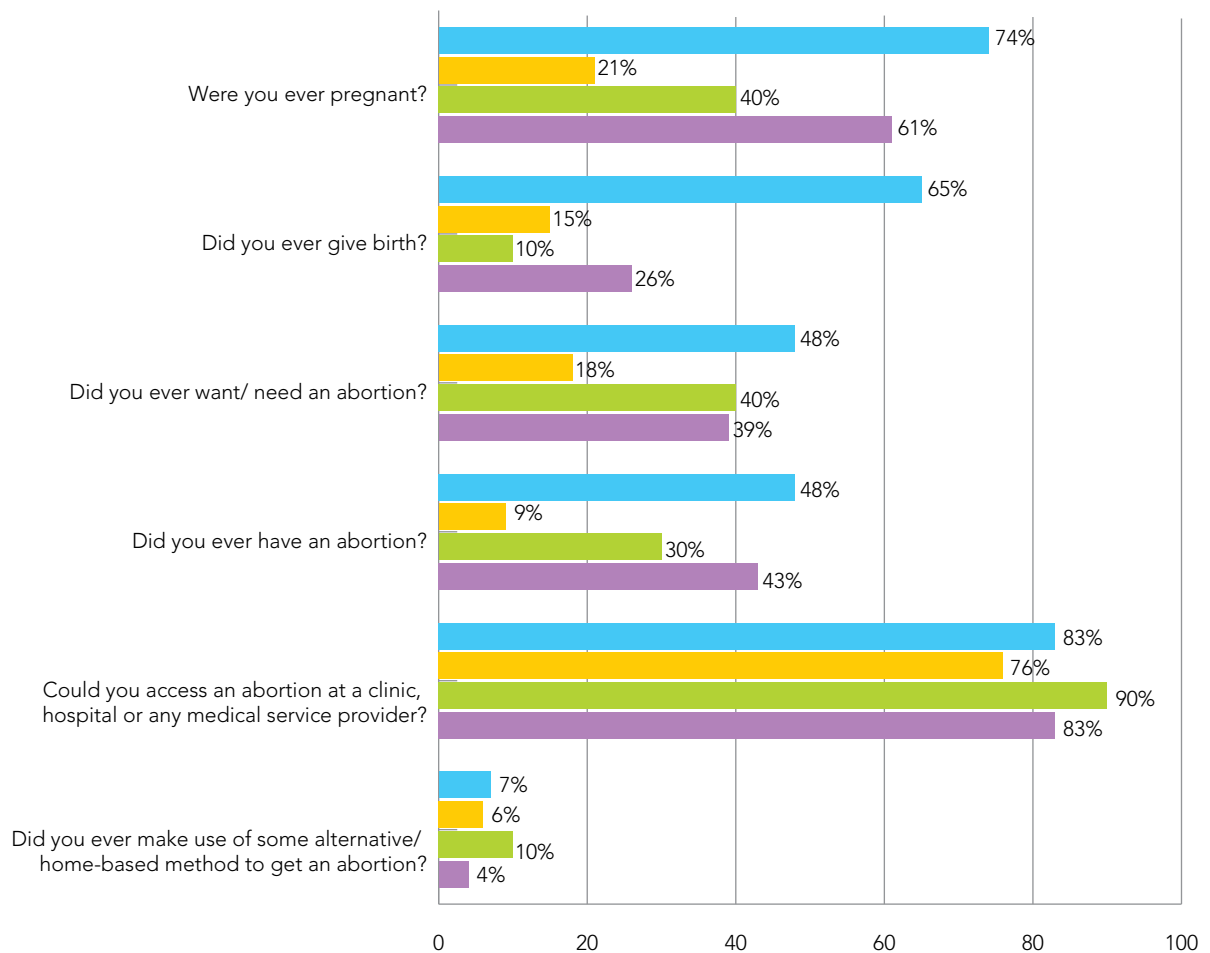


only provide a next layer of hurdles to make it nearly impossible, as termination of pregnancy can be obtained only if certain criteria is met (Maitland, 2020). A legal gap analysis of laws affecting the right to mental health for girls, women and LGBT persons in the Eastern Caribbean was released by Kaleidoscope Trust. The research looked at a few countries in the Eastern Caribbean, of which Barbados was included. The list of 8 conditions, of which one or more must be met, before authorities can give permission to termination of a pregnancy. These criteria markers increase the challenges persons have to deal with, when seeking abortion, and oftentimes there are a small window period in which these decisions needs to be made and followed through with. In addition, the decision is at the hands of authorities (most often men). Some mandatory procedures (Maitland, 2020) in advance of an abortion in Barbados includes:

- If done after counselling
- If done after a mandatory waiting period between the request for and performance of the procedure

When asked if they could access an abortion at a clinic, hospital or any medical service, 81% said "yes". When asked if they ever approached an indigenous or herbal healer, or natural method to get an abortion 6% said "yes." There were 6% that indicated that they made use of some alternative/home/based method to get an abortion.

Figure 42: SRHR Highlight: Abortion, need and access

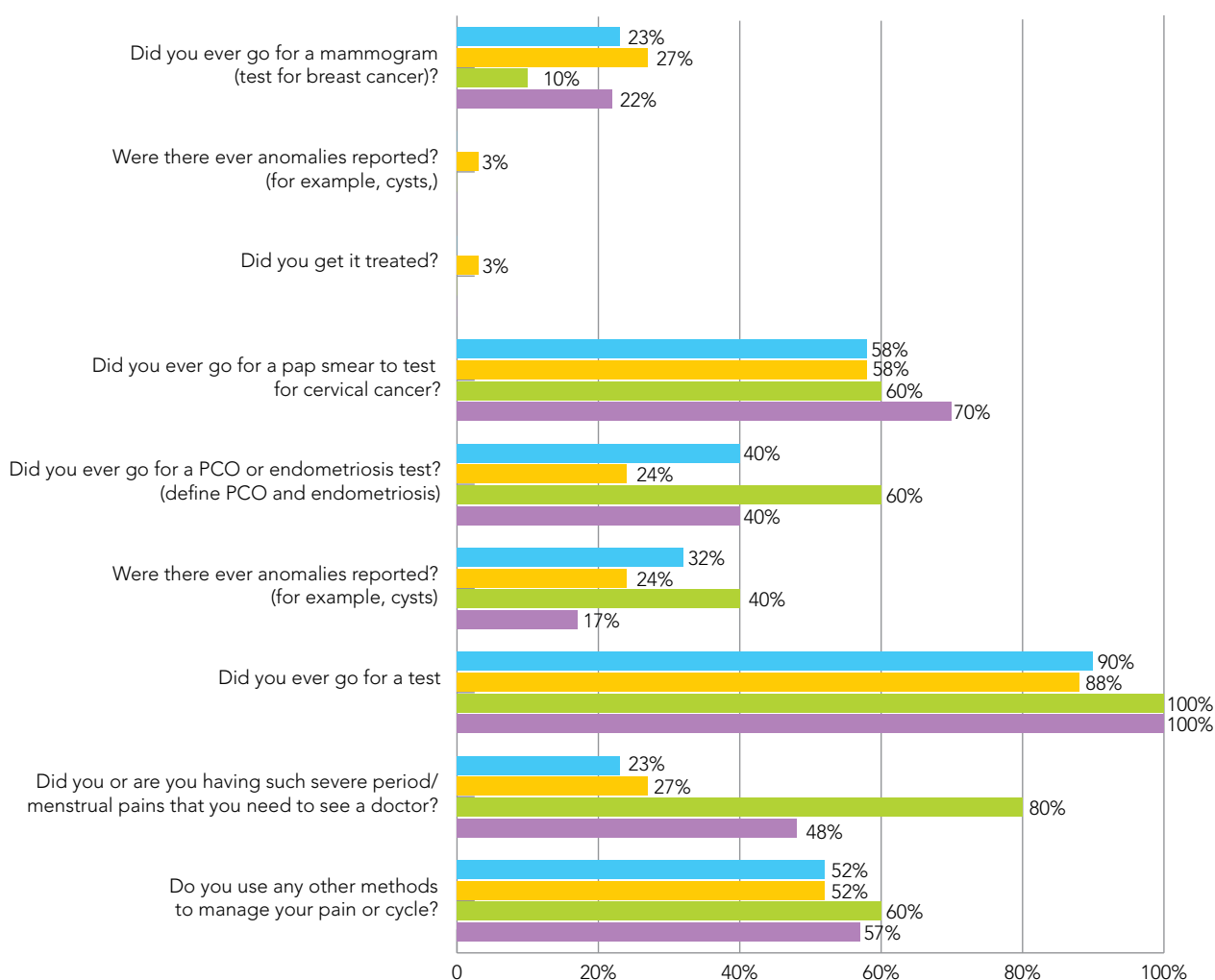


Sexual and Reproductive Health Services

23% of the respondents indicated that they had a mammogram (test for breast cancer) done. 1% (or 1 person) of those that have had a mammogram indicated that there were anomalies found and got it treated.

61% of the respondents indicated that they have had a pap smear to test for cervical cancer done. Of the pansexual 70% have had a pap smear, of the bisexuals 58%, of the lesbians 58% and of the "others" 60%. There were 36% of the respondents who indicated that they have gone for a PCO or endometriosis test. There were 27% of the respondents that indicated that they had anomalies found when they went for a PCO or endometriosis. Of the 25 [n] who had anomalies, 92% or 23 [n] went for further tests and 17 [n] got it treated.

Figure 43: SRHR Highlight: Reproductive health, general



There were 36% of the respondents that indicated that they had such severe period/menstrual pains that they needed to see a doctor. There were 34% of the respondents who indicated that they were using or used birth control pills to manage their period/menstrual pains or cycle. 54% said that they used other methods to control their severe period/menstrual pains.



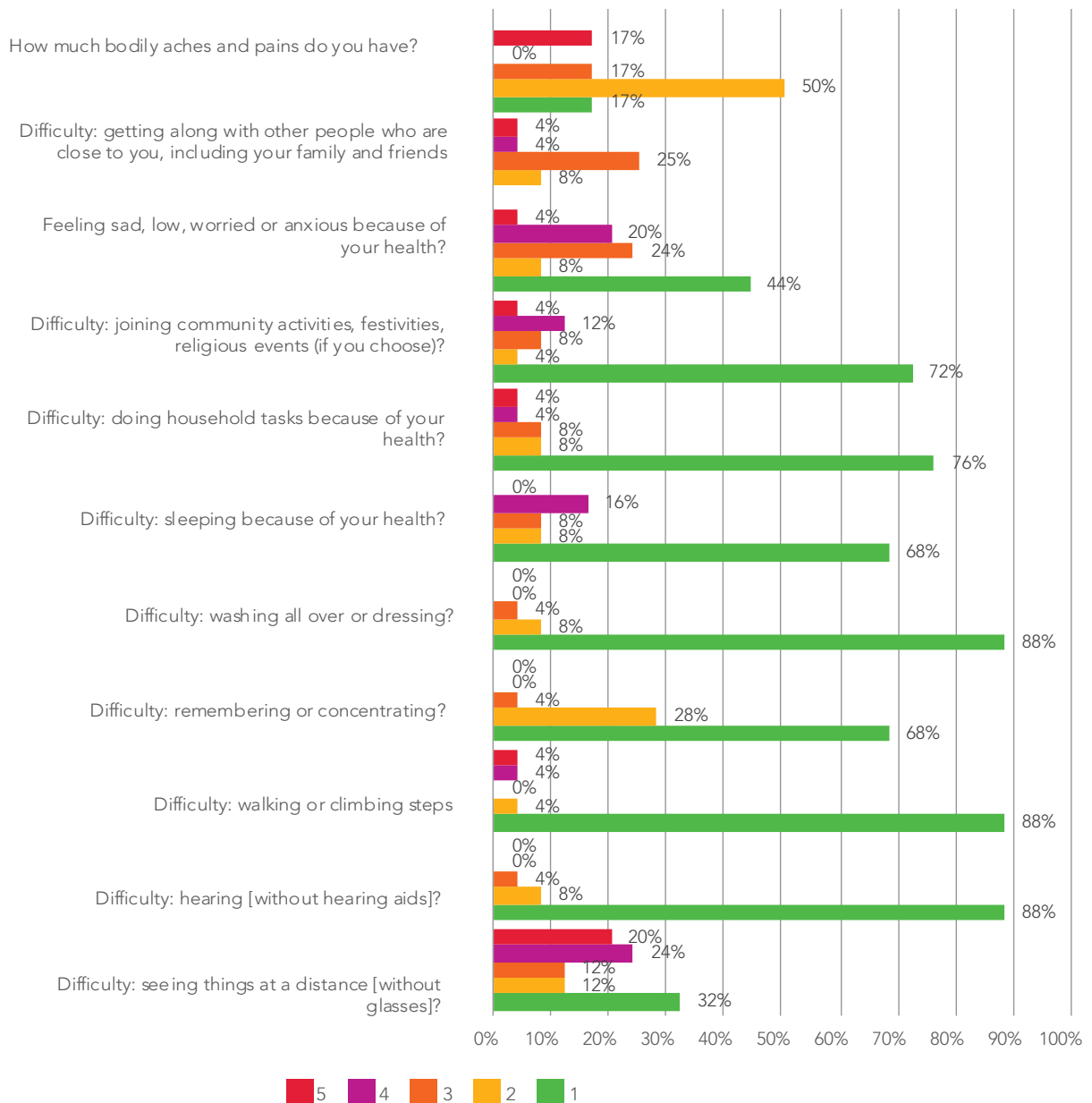
SECTION 6: EXPERIENCES OF LIVING WITH DISABILITIES

There were 25 persons who responded to this section of the survey.

Capacity and Health Conditions

For each question, the respondents were asked to share how much problem they had doing specific tasks on a scale from 1-5 with 1 being no problem/difficulty to 5 meaning problem or extremely difficult. When asked how much difficulty they had seeing things from a distance (without glasses), 32% of the respondents said no problem and 20% said extreme problem/difficulty. When asked how much difficulty they had hearing (without hearing aid), 88% respondents said no problem, while no one (0%) indicated it was extremely difficult. There were 88% respondents who said that they did not have any problem/difficulty walking or climbing steps and there was 4% who said extreme problems. There were 68% who said that they had no problem/difficulty remembering or concentrating. No one said that they had extreme problems.

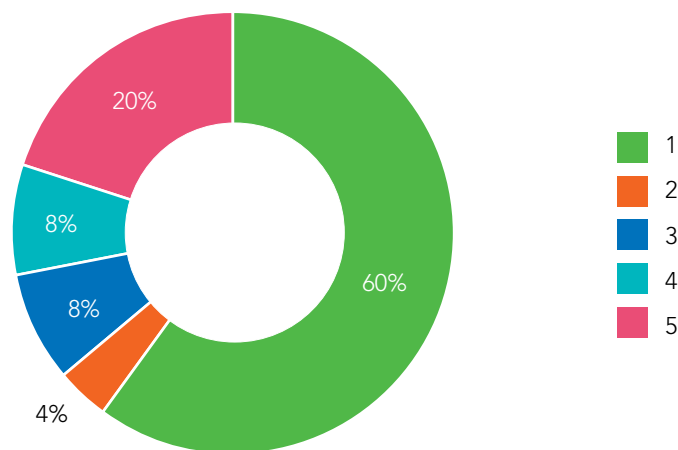
Figure 44: Experiences of living with Disability



Environmental Factors

When asked if the places where they would go to socialize and engage in community activities made it easy or hard for them, 64% said “no problem”, while 4% indicated difficult. When asked if shops, banks and post offices in their neighborhood made it easy or hard for them to use them, 64% had no problem; similarly when asked if the transportation they needed and wanted to use made it easy or hard for them to use them, 60% said no problem, while 20% indicated “level 5”, or extremely difficult. When asked if the building (house/apartment/room) including the toilet and bath/shower made it easy or hard for them to use them, 71% said no problem, and 25% indicated “level 2”, while 4% find it extremely difficult.

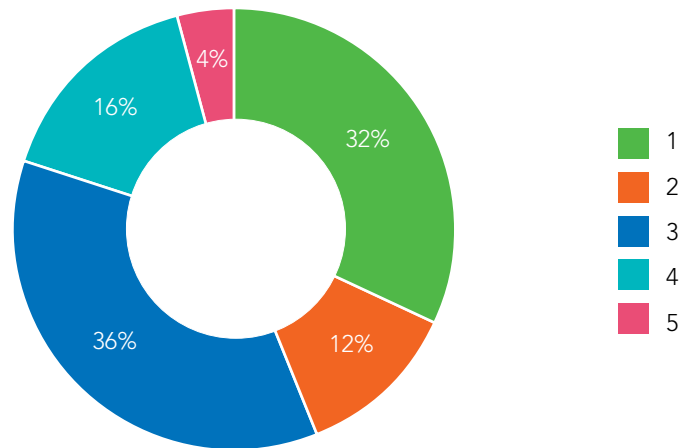
Figure 45: Difficulty to use transportation



When asked how easy it was for them to get help from a close family member (including their partner), 36% said no problem while 24% indicated “level 4”, which was difficult and 8% indicated extremely problematic. When asked if they needed help how easy it was to get it from friends or co-workers, 46% said no problem while 25% reported “level 3”, and 17% indicated “level 2” and 4% said it was extremely problematic. There were 8% respondents that said it was extremely difficult to get help from neighbors, while 17% had no difficulty. 4% of the respondents stated that they felt that it is extremely difficult for other people to respect them, by valuing them or listening to what they had to say.



Figure 46: Respect



When asked if they needed any assistive products, 60% or 15 [n] said yes. There were 1 [n] respondents that needed cane sticks, 3 [n] pressure relief cushions; 1 [n] respectively said that they therapeutic or orthopedic footwear, as well as orthoses, lower or upper limb, while 52% or 13 [n] need spectacles, low vision, short distance, long distance, filters, and protection.

Table 5: Living with Disabilities – Do you use assistive products?

Do you currently use any of these assistive products?		
	N	%
None	10	40
Canes or Sticks	1	4
Crutches, axillary or elbows	0	0
Orthoses, lower limb, upper limb or spinal	1	4
Pressure relief cushions	3	12
Prostheses, lower limb	0	0
Rollators	0	0
Standing frames, adjustable	0	0
Therapeutic footwear, orthopaedic	1	4
Tricycles	0	0
Walking frames or walkers	0	0
Wheelchair	0	0
Spectacles, low vision, short distance, long distance, filters and protection	13	52
White cane	0	0
Hearing aid	0	0
Others	0	0



CONCLUSIONS AND RECOMMENDATIONS

The following are the findings of this study in Barbados in the 5 thematic areas and the 6 thematic areas. Based on the conclusions several recommendations are being presented.

SOCIO-ECONOMIC POSITION:

- a. In Barbados most respondents did not have major economic challenges. However, there were some disparities. There were 62% who indicated that they could cover their basic needs usually (41%) and always (21%) and 38% who could only cover their expenses “sometimes” (34%) and 4% that could never cover their basic needs. There were 86% of the respondents who indicated that they have full-time employment (50%) and part-time employment (36%). Among the respondents there were 14% indicated that they are unemployed. The unemployment rate in 2019 for Barbados reported by the International Labour Organization was 9%, thus the unemployment rate of the LBQTM community in this study is 5% higher than the national rate.

Recommendation:

Projects and programs organized by LGBTQTI+ organizations must give attention to the economic challenges experienced by LBQ women and trans masculine persons. It can't be assumed that all members of the organization or community come from the same economic background. The LGBTQI+ organizations in Barbados can give more attention to economic empowerment through income generating projects, building employability, and encouraging entrepreneurship on local and national levels for those that need it.

- b. In Barbados most respondents (71%) have completed tertiary level education while 28% indicated that they had completed secondary



level of education. This means that there were only 1% that had only completed primary level education or “other” form of education.

Recommendation:

Even though the level of education of the respondents was relatively high, it is important to further explore whether this is the general situation among the LBQTM community or based on the specific sampling which may have included persons who are in a better socio-economic bracket. The recommendation would be to conduct an assessment specifically focused on the socio-economic situation of the community and explore why the situation is very favorable compared to other countries in the region. In particular, it is important to investigate how the level of education affects employability. Are persons who are not employed or employed part-time affected because of the SOGIE, their educational qualifications or both.

SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION

- a. In regard to emotional and sexual attraction, the majority of the respondents are attracted to cisgender women (94% emotional and 96% sexual). This is interesting as not all the LBQ women and TM persons who participated in this survey were attracted to cis gender women. There were 51% who are emotionally attracted to men and 58% who are sexually attracted to men. The sexual attracted to trans men (28%) and trans women (26%) was very representative of the percentage of percentage of persons (24%) that

participated in the study who identify as pansexual. A total of 48% had had sex with a cisgender man in the past 12 months and 9% of these were persons that identify as lesbian.

Recommendation:

It is important that all community led programs recognize the importance of the diversity and the differences that exist among LBQ TM persons regarding their sexuality and their sexual behavior. Thus, programs especially those focusing on sexual and reproductive health should highlight diversity, utilizing appropriate information, education, and communication (IEC) accessible materials. These need to ensure that assumptions are not made about behaviors because of specific labels but rather addressing the continuum of sexual behaviors with all sexes as well as with transgender persons and gender non-conforming persons.

HEALTH

- a. The majority of the respondents who accessed services in the last 12 months accessed services at private health centers for regular checkups 11% and 47% when they are feeling sick. This also indicated that most respondents only accessed health care services when they were feeling sick and not as a regular practice when they were not sick. In most instances they accessed services at private health facilities except in the case of emergencies (19%) while they access private services 15% of the time for emergencies. Thus, if they have a choice, most respondents prefer to access services at a private clinic. Access to community-based services was significantly low which is interesting as

generally it is assumed that members of the LGBTIQ community prefer to access community-based services.

Recommendation:

It is important that health care providers at private settings be sensitized and trained by LGBTQI+ organizations on providing specialized health care to LBQ TM persons. This training should also be included as part of their curriculum and ongoing professional development. Making these facilities LBQ TM friendly is particularly important because LBQ TM persons may have difficulties speaking about their gender identity, sexual orientation or sexual behavior and may not be disclosing when accessing health services. There were 36% who indicated that they have not disclosed their SOGIE to a health care provider.

- b. When asked about the barriers they experience when accessing health services 75% of the LBQ women and trans masculine persons that participated in this study indicated that they had never received poorer services due to their SOGIE. However, there were 25% who indicated that they received poor services while 5% indicated that they had been called insulting names by the health care staff. There were 5% who indicated that they had been denied services at some level due to their SOGIE. Even though some of the respondents indicated that they had postponed or avoided seeking health care when they were sick or injured because they could not afford it, there were 13% who indicated that they had postponed because of disrespect or discrimination due to their SOGIE.

Recommendation:

It is important that health care facilities and other service providers should have in place non-discrimination policies that protect the rights and well-being of LGBTIQ persons. There is the need for complaints mechanisms as well as opportunities for redress in the case of any form of discrimination or violation of rights of persons based on their sexual orientation and gender identity. Additionally, collaboration between LGBTIQ organizations and healthcare policy makers are needed to ensure these accountability measures are adhered to and includes LGBTQI+ input.

- c. There were only 23% that had accessed services for mammograms and 61% for pap smears. There were 36% that had gone for a PCO or endometriosis test of which 27% reported anomalies when they accessed their PCO or endometriosis test. There were at least 36% who indicated that they have severe menstrual cramps, and of these, 34% use birth control pills to manage these period cramps and 54% who use other methods.

Recommendations:

Further exploration of the factors that contribute to a lack of access to sexual health services needs to be conducted. Organizations should be navigators that provide information, counseling, accompaniment, and referrals for LBQ TM persons that may be reluctant to access sexual health services on their own. They should include increased opportunities for open discussions on sexual and reproductive health topics in safe settings.



4.) MENTAL HEALTH

- a. In regard to alcohol and drug consumption among the LBQTM community in Barbados, this study found that 93% consume alcohol and 51% consume drugs. The consumption of both alcohol and drugs varies as the 28% consume alcohol weekly while 16% consume drugs weekly. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high. There were 18% who indicated that they are heavily under the influence of drugs daily while 16% are weekly.

Recommendation:

There is a need for greater focus on the issue of alcohol and drug abuse. It is important to link abuse of alcohol and drugs with gender-based violence within relationships as well the health and mental health consequences of alcohol and drug use. In addition, it is important to explore further how alcohol and drug abuse serve as a form of escape from the daily emotional pressures experienced by the community. It is essential that professional services are made available to persons that are struggling with drug and/or alcohol addiction and would like to rehabilitate.

- b. There were 29% of the respondents who indicated that a healthcare provider had told them they have clinical anxiety while 20% had been told by a healthcare provider that they have clinical depression. There were only 49% of these that have been treated for their psychological condition. There were 76% who indicated that they have thought about committing suicide while 40% who had attempted at some point of

their life. The social support available was significantly low as only 32% indicated that they had someone that they live with that they could talk to when they had problems.

Recommendation:

It is important to further explore the level of depression and anxiety among LBQ TM persons to determine causes, consequences and the type of support that is needed. LGBTIQ inclusive mental health programs should be an important part of every organization. Advocacy and programs focused on breaking mental health stigma about mental health are to be implemented. Attention should be given to the topic of suicide conducting assessments among members of the community to identify risk factors and prevalence. There is also a need to explore ways in which social and emotional support can be provided to those persons that need it.

5. STIGMA AND DISCRIMINATION AND HATE SPEECH

- a. There were 87% of the respondents who indicated that they had not disclosed their sexual orientation or gender identity to a law enforcement agency or human rights group when they experienced stigma and discrimination. Even though 87% did not disclose, 91% said that these agencies had not been reluctant to take on their cases. This in itself is contradictory and calls for further exploration. While reluctance to report cases might leave a person with unresolved issues, anxiety or eventual depression, not feeling comfortable to disclose ones SOGIE when seeking assistance is indicative of a fear of

homophobia or the result of internalized homophobia. This means that they may not necessarily experience discrimination but they are afraid that they will. The fear is within them and not necessarily because the authorities discriminate against them. There were 68% who indicated that they are aware of the laws and policies that criminalize LBQT persons and there were 21% who indicated that they had postponed or failed to challenge abuse or violence as a result of their knowledge of these laws and policies.

Recommendation:

Organizations need to continue awareness and education among their community members to increase capacity and knowledge regarding their rights, in cases such as harassment at work, school and other public domains. It is important that LBQ TM have access to information and legal information and support to address instances of discrimination and hate speech based on sexual orientation and gender identity. Organizations need to increase education on human rights, legislation, and avenues for redress to sensitize the community, policymakers and implementers. Form and maintain relationships between LGBTIQ organizations and legal aid/lawyers and the police for service provision.

6.VIOLENCE

- a. There were 30% of respondents who had been physically assaulted by a partner of the same sex and 44% by an intimate partner of the opposite sex.. There were 45% who had been physically assaulted by someone they knew and 23% by a stranger. There were 40% of the victims/survivors that indicated that the physical or sexual assault happened because of their SOGIE. 88% indicated that they did not access medical care while 83% did not report the incident to the police.

Recommendations:

There is a clear need to address gender-based violence within intimate relationships as well as in instances where the perpetrator is a well-known acquaintance of the victim. It is important to also link the issue of sexual and physical assault with reparative practices which seek to change the sexual orientation of a person through violence or as a form of punishment for their "choices". In addition, there is the need for greater sensitization of the police force in providing services to victims of LBQ TM in a manner that is non-discriminatory and where victims feel that they are safe accessing services.



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ACRONYMS AND TERMINOLOGY

AFAB / AMAB	Acronyms meaning “assigned female/male at birth” (also designated female/ male at birth or female/male assigned at birth). No one, whether cis or trans, gets to choose what sex they’re assigned at birth. This term is preferred to “biological male/female”, “male/female bodied”, “natal male/female”, and “born male/female” which are inaccurate.
Asexual	A person who has no sexual feelings or desires
Bisexual	People who are emotionally, romantically and/or sexually attracted not exclusively to people of one particular gender, attracted to both men and women.
Cisgender	A person whose sense of personal identity and gender corresponds with the sex assigned to them at birth.
Corrective rape	See Homophobic rape
Gay	A person who is emotionally, romantically and/or sexually attracted to persons of the same gender.
Gender expression	External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
Gender identity	One’s innermost concept of self as man, woman, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.
Gender minority -	Gender minority refers to transgender and gender non-conforming/ gender diverse people whose gender identities or gender expressions fall outside of the social norms typically associated with the sex assigned to them at birth.
Gender non-conforming	A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
Hate crime	Aggression based on rejection, intolerance, scorn, hate, and/or discrimination, usually against an individual because of a personal characteristic such as race, religion, national or ethnic origin, sex, sexual orientation, or gender identity or expression.
Heterosexual	A person who is emotionally, romantically and/or sexually attracted to persons of the opposite gender.



Homophobic rape	In homophobic rape, people are raped because they are, or are perceived to be, lesbian, gay or trans. Part of a wider pattern of sexual violence, attacks of this kind commonly combine a fundamental lack of respect for women, often amounting to misogyny, with deeply-entrenched homophobia. According to the UNAIDS Terminology Guidelines there is a move away to not use the term “corrective rape”, as it implies the need to correct or rectify a “deviated” behavior or sexual orientation. The preferred term, homophobic rape, notes the deep-seated homophobia that motivates the hate crime.
Intersex	Intersex is an umbrella term for individuals who are born with sex characteristics that are, according to the typical understanding in society, either female and male at the same time, or not quite female or male, or neither female or male. This diversity can be related to chromosomes, hormones or anatomical features, and is not pathological.
Lesbian	Term used to describe female-identified people attracted romantically, sexually, and/or emotionally to other female-identified people.
LGBT, LGBTI, LGBTIQ	An acronym that refers to lesbian, gay, bisexual, transgender (and intersex if the ‘l’ is included and queer if the ‘q’ is included) people. Often used together to refer to a shared marginalization because of sexual orientation, gender identity and expression (and diversity of sex characteristics).
Monkopé	In Haiti, a word to indicate someone that is a female but who identifies as a man are known and identifies as Monkopé (which directly in French-Creole would translate to “Uncle”). The word has a derogative history, however, lately activists and some community members started to reclaim the word.
Pansexual	A person who experiences sexual attraction towards members of all genders, regardless of their sex assigned at birth, including trans persons and all other variety of gender identifications, as well as those who do not feel that they have a gender. In other words, pansexual people say gender and sex aren’t determining factors in whether they feel sexually attracted to someone. As such they reject the gender binary (the idea that everyone only identifies either as “male” or “female”). (Villarreal, 2020)
Queer	A term for people of marginalized gender identities and sexual orientations who are not cisgender and/or heterosexual. This term has a complicated history as a reclaimed slur. (Transstudent)
Sex assigned at birth	The assignment and classification of people as male, female, intersex, or another sex assigned at birth, often based on physical anatomy at birth and/or karyotyping.
Sexual activity	Sexual activity which includes sexual acts and sexual contacts, is the manner in which humans experience and express their sexuality.
Sexual attraction	Sexual attraction is attractiveness on the basis of sexual desire or the quality of arousing that interest. It is inherent to a person, and not a choice.

Sexual identity	Sexual identity is how someone thinks of him/herself in terms of to whom he/she is romantically or sexually attracted.
Sexual minority	A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.
Sexual orientation	An enduring emotional, romantic, sexual, or affectional attraction or non-attraction to other people. It is inherent to a person, and not a choice. Sexual orientation is not the same as gender identity.
Transgender	An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
Transgender man	A person who identifies as a man but was assigned a female sex at birth.
Transgender woman	A person who identifies as a woman but was assigned a male sex at birth.
Transmasculine	Transmasculine individuals were assigned female at birth but identify more on the male side of the gender spectrum than on the female side.



APPENDICES

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APPENDIX 2 - ORGANIZATIONAL PARTNERS

Barbados – SHE, Sexuality Health Empowerment

Belize - PETAL, Promoting Empowerment through awareness for Les/bi women

Guyana – GUYBOW, Guyana Rainbow Foundation

Haiti – FACSDIS, Femme en Action Contre la Stigmatisation et la Discrimination Sexuelle

Haiti - OTRAH, Organisation Trans d’Haiti

Jamaica - WE-Change, Women’s Empowerment for Change

Saint Lucia - United and Strong

Suriname – WSW, Women’s Way Foundation

Trinidad and Tobago - I am One

BIOGRAPHIES

Mohammed, Ro Ann

Ro-Ann Mohammed is a Caribbean feminist and activist, originally from Trinidad & Tobago and has been based in Barbados since 2011. She has been a community organiser for nine years and is passionate about decolonising the narrative surrounding gender and sexual minorities in the Global South. Her advocacy has focused on promoting women's leadership in Caribbean LGBTQI+ discourse, collaboration, facilitating safe spaces, access to resources and platforms for empowerment for local LGBTQI+ communities, combating religious intolerance, public education and visibility. Due to the invisibility of Lesbian, Bisexual, Queer women and Transgender people in both feminist and LGBTQI+ resource allocation, she founded Sexuality, Health & Empowerment (SHE) Barbados, the only platform in Barbados specifically dedicated to LBQT advocacy, movement building and research. She is a Director of Pride Barbados and coordinator of Barbados' annual Pride Parade. She is the Public Relations Director at Equals Barbados, an organisation that provides LGBTQI+ people with direct access to health services. She works at FRIDA, The Young Feminist Fund and is a 2020 Beijing+25 Fellow with OutRight Action International and an advisor for the Women Voice and Leadership Project at the Equality Fund. Through her activism, she has co-founded Barbados – Gays, Lesbians and All-Sexuals against Discrimination (B-GLAD) and is also a Women's Deliver Global Young Leader alumni focused on SRHR for LGBTQI+ people.

Theron, Liesl

Liesl Theron is a freelance consultant and researcher. Activist since 2005, co-founded and became the inaugural Executive Director of Gender DynamiX, the first South African (and African) registered organization focusing on trans advocacy (2005 – 2014). Liesl was the consultant for the International Trans Fund supporting their institutionalizing and emergence. Other consultancies include logistical support to Global Philanthropy Project, Strategic Planning with ECADE and Training tools development for SAfAIDS.

Three recent publications; "Beyond the Mountain: queer life in 'Africa's gay capital'" illuminates the underground trans [women] network in apartheid South Africa. "The emergence of a grassroots African trans archive" in the Transgender Studies Quarterly: Trans Archives and archiving discuss the importance of documenting a community to ensure the history is not lost. Liesl also contributed "Trans Issues in Africa" to The Global Encyclopaedia of Lesbian, Gay, Bisexual, Transgender, and Queer History. Liesl holds a Masters Degree in Gender Studies, University Cape Town.

Liesl now lives in Mexico City and expanded her consultation work within the Caribbean region. When she is not consulting, she enjoys walking in the city, taking photos of street murals and graffiti especially those with quirky, political or resistance messages.

Carrillo, Kennedy

Kennedy Carrillo is a graduate of the University of Louisville where they completed a Bachelor of Science Degree in Psychology and the University of the West Indies where they completed a Master's Degree in Counseling Psychology. Over the past 25 years of their professional life they have been invested in



the work of sexual health in the fields of HIV, Gender, and Sexuality with a special focus on Human Rights and working with marginalized populations such as LGBT as well as youth and women in difficult circumstances. After serving as Executive Director of the National AIDS Commission of Belize for 4 years Kennedy established Kennedy and Associates: Sexual Health and Development Consultants where they serve as lead consultant providing technical support to organizations both nationally and regionally in: Research, Strategic Planning, Policy Development, Curriculum Development, Monitoring and Evaluation and Training in several aspects of Sexual Health and Development. Over the past years they have gained extensive experience working in the Caribbean region providing technical support to key entities such as the Pan Caribbean Partnership for HIV, CARICOM, the Global Fund, Caribbean Vulnerable Communities Coalition, CariFLAGS, Guyana Trans United and COTRAVED in the Dominican Republic among others. Presently they serve as the Caribbean Liaison Officer for the Latin American and Caribbean Regional Platform, of the Communities, Rights and Gender Special Initiative of the Global Fund and the Caribbean OutRight Action International.

Rambarran, Nastassia

Dr Nastassia Rambarran is a researcher, public health consultant, activist, writer and physician. She received her medical degree from the University of Guyana School of Medicine, has a Masters in Public Health from University of London, London School of Hygiene and Tropical Medicine and a post-grad certificate in LGBT Health Policy and Practice from George Washington University. She has a passionate interest in LGBT health, HIV, sexual and reproductive health rights, gender justice and human rights. She is currently involved in projects dealing with HIV, key populations, sexual minority womens' body image, and healthcare worker's attitudes towards LGBT patients. Dr. Rambarran is a board member of SHE Barbados and the site physician at Equals Barbados where she provides HIV PrEP and gender affirming care.

